



U.S. Department of Justice

*United States Attorney
Eastern District of New York*

*271 Cadman Plaza East
Brooklyn, New York 11201*

**Conviction Integrity Submission for Individuals Seeking Information
from the Eastern District of New York Relating to Conviction in
Another Jurisdiction**

If you believe you are innocent of a crime for which you have been convicted in a jurisdiction other than the Eastern District of New York, and you believe the United States Attorney's Office for the Eastern District of New York is in possession of evidence relating to your innocence or wrongful conviction, please complete the following application and submit it by email to USANYE-ConvictionIntegrity@usdoj.gov.

CONSENT FORM

The petitioner must agree to all of the following and indicate such agreement by initialing to the right of each statement.	
Statements	Initials of Applicant
1. I certify that all of the statements in this application are true and accurate.	
2. I acknowledge that providing false information will result in a rejection of my submission.	
3. I understand that I have no right to a review of my conviction, and that there is no right of appeal from rejection of my request for a review.	
4. I understand that conviction integrity investigations are non-adversarial and cooperative processes.	
5. I understand that the Conviction Integrity Coordinator(s) are not my attorney, and I should not share confidential or privileged information with the Conviction Integrity Coordinator(s).	
6. I believe that the United States Attorney's Office for the Eastern District of New York (the "Office") is in possession of evidence relating to my innocence or wrongful conviction.	
7. Other than this claim and a request that my conviction be reviewed by the post-conviction review unit of the prosecuting office that prosecuted my case, I am not currently appealing or seeking collateral review of my conviction.	
8. I am willing to cooperate with a conviction integrity investigation.	
9. I understand that the Office may determine that my case does not meet its criteria and at any point reject my application.	
10. I understand that my request for the Office to review my case is not an appeal.	
11. I understand that sending this application will not extend any court's legal deadlines, including the statute of limitations for filing a federal habeas petition.	

The prosecutors at the Office do not represent you and cannot offer you legal advice. A prosecutor cannot legally or ethically be your attorney. If you do not understand any of the above, you should consult an attorney before submitting this form.

I have read and understand all of the above statements. By initialing the statements and signing below, I understand and agree to comply with any terms herein. No one has told me to agree to anything that I oppose or do not understand. My agreements are of my own free will and are given voluntarily.

DATE: _____

NAME (PRINT): _____

SIGNATURE: _____

(Application continued on next page)

1. Name of defendant and any identifier (e.g., date of birth, inmate number):
2. Contact information of requesting individual or entity:
3. Case name, case number, and court of conviction:
4. Do you have a lawyer? If so, please provide your lawyer's name and contact information:
5. What is your first language? If English is not your first language, do you have any difficulties reading and/or writing in English?

6. Is there any reason that corresponding in writing will be difficult for you?

☐ YES ☐ NO

If yes, please explain.

7. Have you filed a direct appeal of your conviction(s)?

☐ YES ☐ NO

If yes, please provide the docket number, date of any decision, and result of your appeal.

(Application continued on next page)

8. Have you filed a federal habeas petition to challenge your conviction?

☐ YES ☐ NO

If yes, please provide the docket number, date of any decision, and result of your habeas petition, or state whether any such proceedings are still pending.

9. Have you filed any other legal proceedings challenging your conviction?

☐ YES ☐ NO

If yes, please provide the docket number, date of any decision, and result of the proceedings, or state whether any such proceedings are still pending.

(Application continued on next page)

10. Are you claiming that, based only on the facts and not on any legal arguments, you are actually innocent, meaning that you did not commit the crime(s) for which you were conviction?

☐ YES ☐ NO

If yes, please provide as much information as possible and describe the facts and reasons you are innocent of the crime(s) of which you were convicted.

(Application continued on next page)

11. Are you claiming that you were wrongfully convicted? “Wrongfully convicted” means that the evidence used against you at trial was inaccurate or unreliable or your trial was fundamentally unfair.

☐ YES ☐ NO

If yes, please describe why you were wrongfully convicted of the crime.

(Application continued on next page)

12. Have you submitted an application to the post-conviction justice unit of the prosecutor's office that prosecuted your case, asking for a review of your claim of innocence or wrongful conviction?

☐ YES ☐ NO

If yes, what is the status of that application? If no, why not?

(Application continued on next page)

13. What information do you believe to be in the possession of the United States Attorney's Office for the Eastern District of New York that could help prove your actual innocence or that you were wrongfully convicted?

(Application continued on next page)

14. Please tell us anything that you would like us to know.

I affirm that I have been truthful in answering the questions in this form.

Signed:

Date:

(End of Application)