



POST-CONVICTION JUSTICE UNIT

SUBMISSION FORM/REQUEST FOR REVIEW

NAME:

DATE OF BIRTH:

INMATE NUMBER:

CURRENT ADDRESS:

COUNTY OF CONVICTION(S):

DATE OF CONVICTION(S):

CASE NUMBER OF CONVICTION TO BE REVIEWED:

Please return this application to:

NEW YORK COUNTY DISTRICT ATTORNEY'S OFFICE
ATTN: POST-CONVICTION JUSTICE UNIT
ONE HOGAN PLACE
NEW YORK, NEW YORK 10013

Please complete this submission form as fully as possible.
If you answer Yes to any of the questions, please use the available
space to provide as much detail as you are able.
If you do not know the answer to a question, please explain why.

NOTICE: The District Attorney's Office cannot provide information regarding when the review of this submission will be completed. Due to the high volume of requests, it will be some time before we can review your submission. Please read the consent form carefully.

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 Petitioner
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 to the Post-Conviction Justice Unit ("PCJU").	
3. I understand that I have no right to a PCJU review, and that there is no right of appeal from rejection by the PCJU.	
4. I understand that the PCJU is not my attorney, and I should not share confidential or privileged information with the PCJU.	
5. I believe that credible evidence of my innocence or wrongful conviction exists.	
6. I am requesting that the PCJU review my claim of innocence or wrongful conviction.	
7. I am willing to cooperate with the PCJU's investigation.	
8. I understand that the PCJU may determine that my case does not meet its criteria and at any point reject my submission.	
9. I understand that my request for the PCJU to review my case is not an appeal.	
10. I understand that sending this submission to the PCJU will not extend any court's legal deadlines, including the Statute of Limitations for filing a federal habeas petition.	

The prosecutors in the PCJU at the District Attorney's Office do not represent you and cannot offer you legal advice. A prosecutor cannot legally or ethically be your attorney. **You should not share any confidential or privileged information with the PCJU.** If you do not understand any of the above, you should consult an attorney immediately.

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: _____

1. Do you have a lawyer? If so, please provide your lawyer's name, address and phone number.

2. Have you filed an appeal or motion to vacate your conviction, or engaged in any other post-conviction litigation (CPL § 440)? Circle **Yes** or **No**.

If yes, please explain.

3. What is your first language?

4. What is the highest grade you completed in school?

5. Is there any reason that corresponding in writing will be difficult for you? Circle **Yes** or **No**.

If yes, please explain.

6. Have you ever received mental health treatment? Circle **Yes** or **No**.

If yes, please describe if it is relevant to your ability to complete this form.

7. Is anyone assisting you in completing this form? Circle **Yes** or **No**.

If yes, please identify that person and explain why.

8. Please provide the names, addresses, and phone numbers of family or friends who might have information regarding your case. *By writing these names, you are giving us permission to talk to them about your case.*

9. Please provide a brief factual background describing the circumstances of the crime(s) for which you were convicted (feel free to attach additional sheets of paper).

10. Are you claiming **innocence**? “Innocence” means that you were not involved in the crime in ANY way (e.g., self-defense or insanity are not actual innocence claims). Circle **Yes** or **No**.

If yes, please describe why you are innocent of the crime for which you were convicted (feel free to attach additional sheets of paper):

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. Circle **Yes** or **No**.

If yes, please describe why you were wrongfully convicted of the crime (feel free to attach additional sheets of paper):

12. Are you asking for DNA, fingerprint, or other forensic testing of evidence from the crime? Circle **Yes** or **No**.

If yes, please identify what you would like tested and why the results would show you are innocent or wrongfully convicted.

13. Did you have any co-defendants? Circle **Yes** or **No**.

If yes, please identify them by name and provide any contact information.

Were your co-defendants innocent or wrongfully convicted? If so, please explain why.

If not, please explain why you are innocent or wrongfully convicted, and they are not.

14. Were there any other people involved in the commission of the crime who were not prosecuted or convicted (e.g. accomplices or alternative suspects)? Circle **Yes** or **No**.

If so, please identify them by name and give any contact information.

Please explain their role in the crime and why they were not prosecuted or convicted.

15. Please identify any witnesses who know information relevant to your claim of actual innocence or wrongful conviction.

Witness #1:

Address and phone number (if available):

What information does this person know?

Witness #2:

Address and phone number:

What information does this person know?

Witness #3:

Address and phone number (if available):

What information does this person know?

(Please provide information about additional witnesses on a separate, attached page.)

16. Was any scientific or forensic evidence or other expert testimony (e.g. DNA, fingerprints, ballistics, hair and fiber comparison, medical opinions) used to convict you? Circle **Yes** or **No**.

If yes, please describe this scientific or forensic evidence, or other expert testimony:

17. Did any police informants testify against you at your trial? Circle **Yes** or **No**.

If yes, please list their names and what they said.

Was their testimony truthful? If not, please explain why.

18. Did you confess to the crime of which you were convicted? Circle **Yes** or **No**.

If yes, please explain why you confessed.

19. Was an eyewitness identification used at your trial? Circle **Yes** or **No**.

If yes, was the identification wrong? Please explain.

20. Do you know who committed the crime(s) of which you were convicted? Circle **Yes** or **No**.

If yes, please name them below and provide that person's location (if known).

How do you know that this person committed the crime?

21. Did you plead guilty to the crime(s) of which you were convicted? Circle **Yes** or **No**.

If yes, please explain why you pled guilty.

22. Please tell us anything else you would like us to know that could help us prove your actual innocence or that you were wrongfully convicted. Use additional sheets of paper if necessary.

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

Signed:

Date: