OFFICE OF THE DISTRICT ATTORNEY
RICHMOND COUNTY

MICHAEL E. MCMAHON
DISTRICT ATTORNEY

CONVICTION INTEGRITY REVIEW UNIT

SUBMISSION FORM / REQUEST FOR REVIEW

YOUR NAME: _____

YOUR DATE OF BIRTH: _____

YOUR NYSID NUMBER: _____

YOUR INMATE NUMBER (IF APPLICABLE): _____

CURRENT ADDRESS: _____

CHARGE(S) CONVICTED OF: _____

DATE OF CONVICTION(S): _____

CASE NUMBER OF CONVICTION TO BE REVIEWED: _____

Please return this application to:

CIRU@rcda.nyc.gov
or
RICHMOND COUNTY DISTRICT ATTORNEY'S OFFICE
ATTN: CONVICTION INTEGRITY REVIEW UNIT
130 STUYVESANT PLACE
STATEN ISLAND, NEW YORK 10301

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 as you are able.
If you do not know the answer to a question, please explain why.

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ACKNOWLEDGMENT FORM

The Petitioner must agree to all the following, and indicate such agreement by initialing to the right of each statement	
Statements	**Initials of Petitioner**
1. I acknowledge that all 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 Conviction Integrity Review Unit ("CIRU").	
3. I understand that I have no legal right to a CIRU review, and that there is no legal right of appeal should the CIRU decide not to investigate your claim.	
4. I understand that the CIRU is not my attorney.	
5. I understand that any communications I have with members of the CIRU are not privileged.	
6. I believe that there exists credible evidence of my actual innocence.	
7. I believe that there exists credible evidence of my wrongful conviction.	
8. I am requesting that the CIRU review my claim of actual innocence, or wrongful conviction.	
9. I am willing to cooperate with the CIRU's investigation.	
10. I understand that the CIRU reserves the right to make a determination at any point that my case does not meet its criteria for review, and that as a result, no further review or investigation will take place.	
11. I understand that my request for the CIRU to review my case is not a legal appeal.	
12. I understand that sending this submission to the CIRU will not extend any court's legal deadlines, including, but not limited to, the Statute of Limitations for filing a federal habeas petition.	

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The prosecutors in the CIRU 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.

If you do not understand any of the above, you should consult an attorney immediately.

I have read and understand all the above statements. By initialing the statements and signing below, I understand and agree to comply with any terms herein. I have done so voluntarily and of my own free will.

DATE:_____ NAME (PRINT):_____

SIGNATURE:_____

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1. Do you have a lawyer?
   Please Check: **Yes ____** **No _____**

   If so, please provide your lawyer's name, address, and phone number.

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2. Who was your attorney at the time of your conviction?

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3. Has an appeal, or motion to vacate your conviction, been filed by you, or a lawyer acting on your behalf?
   Please Check: **Yes ____** **No _____**

   If **YES,** please explain.

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4. Has any other post-conviction litigation been filed by you, or a lawyer acting on your behalf?
   Please Check: **Yes ____** **No _____**

   If **YES,** please explain.

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5. Do you have any civil lawsuits pending now, or in the past, regarding your conviction?
Please Check: **Yes ____** **No _____**

If **YES**, provide as much information as you can about such lawsuits.

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6. Did you ever file a complaint with the Internal Affairs Bureau (IAB) regarding your arrest either before, or after, your conviction?
Please Check: **Yes ____** **No _____**

If **YES**, please give as much information about that as you can.

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7. Did you ever file a complaint with the Civilian Complaint Review Board (CCRB) regarding your arrest either before, or after, your conviction?
Please Check: **Yes ____** **No _____**

If **YES,** please give as much information about that as you can.

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8. Did you ever file a complaint with any other agency, other than IAB or the CCRB (for example, the State Attorney General) regarding your arrest either before, or after, your conviction?
Please Check: **Yes ____** **No _____**

If **YES,** please give as much information about that as you can.

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9. What is your first language? _____

10. What is the highest grade that you completed in school? _____

11. Is there any reason that corresponding in writing will be difficult for you?
Please Check: **Yes ____** **No _____**

If **YES**, please explain.

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12. Is anyone assisting you in completing this form?
Please Check: **Yes ____** **No _____**

If **YES**, please identify that person and explain why they are assisting you.

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13. Were you convicted after a trial, or did you plead guilty?
Please Check: **Trial ____** **Plea _____**

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14. If you pled guilty, please explain why you pled guilty.

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15. Are you currently serving a sentence in prison, jail, or any other correctional facility, for the case on which you are requesting a review?
Please Check: **Yes ____** **No _____**

If **YES,** please provide the name of the facility.

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16. Are you currently serving a sentence in prison, jail, or any other correctional facility, on a case other than the one for which you seek our review?
Please Check: **Yes ____** **No _____**

If **YES**, please provide the name of the facility where you are incarcerated.

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If **YES**, please provide the crime(s) for which you were convicted, the county of your conviction, the Indictment Number, or Docket Number, or Superior Court Information Number ("SCI") number of that case, and your sentence.

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17. Are you currently on parole, probation, or post-release supervision relating to the conviction on which you are asking the CIRU to review?
Please Check: **Yes ____** **No _____**

If **YES,** please state whether you are on parole, probation, or post-release supervision and provide the contact information for your parole or probation officer?

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18. Are you currently on parole, probation, or post-release supervision on a matter *other than* the conviction on which you are asking the CIRU to review?
Please Check: **Yes ____** **No _____**

If **YES**, please state whether you are on parole, probation, or post-release supervision and provide the contact information for your parole or probation officer?

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If **YES**, please provide the Indictment Number, or Docket Number, or Superior Court Information Number ("SCI") number for the matter for which you are on probation or parole?

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19. 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*).

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20. Are you claiming that you are actually innocent of the crime or crimes for which you have been convicted?
"Actual Innocence" means that a person was not involved in the commission of the crime, or crimes for which they have been convicted, in ANY way.

Please Check: **Yes ____** **No _____**

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

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21. Are you claiming that you were ***wrongfully convicted*** of the crime or crimes for which you have been convicted?
"**Wrongfully Convicted**" means that the evidence used against you at trial was false, or materially inaccurate, or unreliable, or that your trial was fundamentally unfair.

Please Check: **Yes ____ No _____**

If **YES,** please describe why you were wrongfully convicted of the crime(s) (*feel free to attach additional sheets of paper).*

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22. Are you claiming that any *prosecutor* engaged in misconduct?
Please Check: **Yes ____ No _____**

If **YES**, please describe what you believe the nature of the prosecutorial misconduct. (*feel free to attach additional sheets of paper*).

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23. Are you claiming that any *police* personnel engaged in misconduct?
Please Check: **Yes ____ No _____**

If **YES**, please describe what you believe the nature of the police misconduct. (*feel free to attach additional sheets of paper*).

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24. Are you asking for the testing of DNA evidence, fingerprint evidence, or any other forensic testing of evidence from the crime(s)?
Please Check: **Yes ____ No _____**

If **YES,** please identify what you would like tested, and why you believe the results would show that you are actually innocent, or that you have been wrongfully convicted.

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25. Did you have any co-defendants?
Please Check: **Yes ____ No _____**

If **YES**, please identify them by name, and provide any contact information you have. (*feel free to attach additional sheets of paper for any of the following questions).*

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What was the disposition of your co-defendants' cases? (*Did they plead guilty? Go to trial? What were their sentence(s)?*

Were your co-defendants actually innocent, or wrongly convicted, of crimes that they did not commit?)

If **YES**, please explain why.

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If **NO**, please explain why you believe that you are actually innocent or wrongly convicted, and they are not.

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26. Were there any other people involved in the commission of the crime(s) for which you stand convicted who were not prosecuted (*for example, accomplices or alternative suspects*)?
Please Check: **Yes ____** **No _____**

If **YES**, please identify them by name and give any contact information you have.
Please explain their role in the crime(s) and why they were not prosecuted.

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27. Please identify any friends, family or witnesses who know information about your case that is relevant to your claim of actual innocence or wrongful conviction. *By writing these names, you are consenting to CIRU personnel interviewing them with or without you and/or your attorney present.* (*Please provide information about additional witnesses on a separate, attached page)*

Witness #1:
Name of witness:
Address and phone number (if available):
What information does this person have that you believe is relevant to your claim?

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Witness #2:
Name of witness:
Address and phone number (if available):
What information does this person have that you believe is relevant to your claim?

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Witness #3:
Name of witness:
Address and phone number (if available):
What information does this person have that is relevant to your claim?

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28. Was there any scientific evidence, forensic evidence, or expert testimony (for example, DNA, fingerprints, ballistics, hair and fiber comparison, medical opinions) that were used to convict you?
Please Check: **Yes ____ No _____**

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

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29. Was there any scientific evidence, forensic evidence, or testimony (for example, DNA, fingerprints, ballistics, hair and fiber comparison, medical opinions) that was **NOT** tested at the time you were convicted that you believe would support your claim of actual innocence?
Please Check: **Yes ____ No _____**

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

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30. Is there any relevant, newly discovered evidence that has come to your attention *after* your conviction?
Please Check: **Yes ____** **No _____**

If **YES**, please describe the newly discovered evidence:

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31. Did any police informants/cooperating witnesses testify against you at your trial?
Please Check: **Yes ____ No _____**

If **YES**, please list their names and what they said.

If **YES,** do you believe that their testimony was truthful?

If **NOT,** please explain why.

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32. Did you confess, or make any statement, to investigators regarding the crime or crimes for which you were convicted?

Please Check: **Yes** ____ **No** _____
If **YES**:

- Was that statement oral?
  Please Check: **Yes** ____ **No** _____

- Did you write out a statement yourself?
  Please Check: **Yes** ____ **No** _____

- Did you sign a statement that was prepared by police investigators?
  Please Check: **Yes** ____ **No** _____

- Did you make a statement that was *videotaped?*
  Please Check: **Yes** ____ **No** _____

- Did you make a statement that was *audiotaped?*
  Please Check: **Yes** ____ **No** _____

If **YES,** please explain why you confessed.

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33. If you did go to trial, were there any eyewitnesses that identified you at trial?
Please Check: **Yes ____ No _____**

34. If you did go to trial, was there any evidence regarding an identification procedure, for example, lineup, photo array, that took place prior to the trial?
Please Check: **Yes ____ No _____**

35. Do you believe that you know who committed the crime(s) for which you were convicted?
Please Check: **Yes ____ No _____**

If **YES,** please name them below and provide that person's location (if known).
What evidence do you have that this person committed the crime for which you were convicted?

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

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I hereby state that I have been truthful in answering all the questions in this Acknowledgement Form.

DATE:_____ NAME (PRINT):_____

SIGNATURE:_____

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