

MONROE COUNTY CONVICTION INTEGRITY UNIT
(CIU) SUBMISSION FORM/REQUEST FOR REVIEW

NAME: _____

INMATE NUMBER: _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

CASE INDICTMENT NUMBER: _____ DATE OF CONVICTION: _____

CONVICTION CHARGE(S): _____

ORIGINAL SENTENCE: _____

NAME OF THE ATTORNEY WHO REPRESENTED YOU
AT THE TIME OF CONVICTION: _____

NAME OF THE JUDGE WHO SENTENCED YOU: _____

Please return this application to:

MONROE COUNTY DISTRICT ATTORNEY'S OFFICE
CONVICTION INTEGRITY UNIT
47 SOUTH FITZHUGH STREET
ROCHESTER, NEW YORK 14614

Please complete this submission form as fully as possible.
If you do not know the answer to a question, you may leave it blank.

WARNING: THE DISTRICT ATTORNEY'S OFFICE'S CANNOT PROVIDE YOU WITH
INFORMATION AS TO 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.

MONROE COUNTY CIU CERTIFICATION-MANDATORY FOR REVIEW

The applicant must certify all of the following and indicate such agreement by initialing to the right of each statement and signing below.

1. I certify that all of the statements contained in my application are true and accurate. _____
2. I acknowledge that providing false information will result in the rejection of my submission to the Conviction Integrity Unit ("CIU"). _____
3. I consent to being interviewed by the CIU concerning the conviction that is the subject to this application, to cooperate with this office's investigation, and to provide access to any evidence or other information concerning the conviction that is available to me. _____
4. I acknowledge that if I fail to cooperate with the CIU's investigation into my claim, the CIU may reject my application and/or terminate any further investigation. _____
5. I understand that the CIU may determine that my case does not meet the criteria for further case review and may, at any point, reject my application. If my application is rejected, I have no right to appeal that rejection. _____
6. I understand that the Monroe County District Attorney and the CIU DO NOT represent me and that none of my communications with them are subject to the attorney/client privilege. I further understand that the Monroe County District Attorney and the CIU cannot offer me legal advice. _____
7. I understand that sending this application to the CIU WILL NOT extend any court's deadlines for filing an appeal, other post-conviction remedies including the statute of limitations for filing a federal habeas corpus petition. _____
8. I understand that my request for the CIU to review my case is not an appeal. _____
9. I understand I have a right to seek the assistance of counsel to advise me through this application and application process. _____

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE STATEMENTS. BY INITIALING THE STATEMENT AND SIGNING BELOW, I UNDERSTAND AND AGREE TO COMPLY WITH THE TERMS HEREIN. NO ONE HAS TOLD ME TO AGREE TO ANYTHING THAT I OPPOSE OR DO NOT UNDERSTAND. I UNDERSTAND THAT I HAVE A RIGHT TO SEEK THE ASSISTANCE OF AN ATTORNEY BEFORE SIGNING THIS CERTIFICATION. I AM SIGNING THIS CERTIFICATION VOLUNTARILY AND OF MY OWN FREE WILL.

Dated: _____

NAME (PRINT): _____

SIGNATURE: _____

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

2. How were you convicted?

- I was found guilty after a jury trial
- I was found guilty after a bench (judge only) trial
- I pled guilty

3. Were there plea negotiations prior to trial? Yes or No

If yes, please describe the nature of the plea offer and why you accepted or rejected it.

4. Have you appealed your conviction? Yes or No

If yes:

Case Number of Appeal: _____

Your Attorney for the Appeal: _____

Date my Appeal was Denied: _____

If no, why have you not appealed your conviction?

5. Have you filed any post-conviction motions in the case? Post-conviction motions include 440CPL motions and Federal Habeas Corpus motions. If yes, please provide on an attached sheet the case number of the post-conviction motion, the name of your attorney for the post-conviction motion, the court and judge where the post-conviction motion was brought, and the date(s) of the disposition of the motion.

6. Do you have any pending active appeals or post-conviction motions? If yes, please provide the court number of the pending active appeal or post-conviction motion, the name of your attorney for the appeal or post-conviction motion and the court or judge assigned to the appeal or post-conviction motion.

7. Is anyone assisting you in completing this form? Yes ___ or No ____ If yes, please identify that person and explain why.

8. Are you claiming **actual innocence**? Actual innocence means that you were not involved in the crime in ANY way (e.g., self-defense or insanity are not an actual innocence claims). Yes _____ or No _____

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

9. Are you claiming that you **were wrongfully convicted**, but not actually innocent? “Wrongfully convicted” means that you had some involvement in the crime, but the evidence used against you at trial was inaccurate or unreliable or your trial was fundamentally unfair. Yes _____ or No _____

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

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

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

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

Witness # 1:

Name: _____

Address and Phone Number (if available):

What information does this person know?

Witness # 2:

Name: _____

Address and Phone Number (if available):

What information does this person know?

Witness # 3:

Name: _____

Address and Phone Number (if available):

What information does this person know?

(Please provide information on additional witnesses on a separate paper)

12. 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? Yes ____ or No _

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

13. Did any police informants testify against you at your trial?

Yes _____ or No _____

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

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

14. Did you confess to the crime for which you were convicted? Yes _____ or No _____

If so, please explain why you confessed.

15. Was an eyewitness identification used at your trial? Yes ____ or No _____
If so, was the identification wrong?

16. Do you know who committed the crime(s) of which you were convicted?
Yes ____ or No _____

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

17. How do you know that this person committed the crime?
