

ERIE COUNTY DISTRICT ATTORNEY'S OFFICE
CONVICTION INTEGRITY UNIT

Case Review Application / Certification Form

If you have been convicted of a crime prosecuted by the Erie County District Attorney's Office, you must complete and sign this Application and Certification Form in order to request to have your case considered for review by this office's Conviction Integrity Unit (CIU). You are required to complete the Certification at the end of the Application even if an attorney or other person assists you with preparing this application.

Your claim must satisfy the following intake standards to be reviewed by the CIU:

- * You must have a plausible claim of actual innocence or other exceptional circumstance;
- * Credible evidence that is capable of being evaluated must exist at the time of the application;
- * You must consent to being interviewed by this office concerning the conviction that is the subject of the application, to cooperating with this office's investigation, and to providing access to any evidence or other information concerning the conviction that is available to the applicant; and,
- * You must not have any direct appeals, motions under Article 440 of the Criminal Procedure Law, or petitions for habeas corpus pending at the time of the application.

This office may consider applications not meeting all of these criteria in exceptional circumstances, at the District Attorney's sole discretion, where required in the interests of justice.

Please provide as much information as you can in support of your application. If you have supporting documents, please attach copies. **Do not send originals.**

Please note that this Office cannot represent you in this matter and cannot give you legal advice. The attorney-client privilege does not apply to anything you tell this office on the Application Form or in any other communication.

**Please submit completed forms and supporting documentation
to the following mailing or email address:**

Erie County District Attorney's Office
Conviction Integrity Unit
25 Delaware Avenue, 7th Floor
Buffalo, New York 14202
Conviction.Integrity@erie.gov

APPLICANT INFORMATION

Name: _____

Date of Birth: _____

Are you presently incarcerated? Yes No

If yes, where? _____

NYSID / DIN Numbers: _____

If no, what is your address?

Other contact information (phone, email address):

Are you currently represented by an attorney? Yes No

Name, address, and telephone number of attorney:

Case Information

What Indictment / Information Number(s) is/are the subject of your application?

What crime(s) is/are the subject matter of your application?

What sentence did you receive for the crime(s) that is/are the subject of your application?

Who was your attorney in the case? _____

What plea (if any) was offered and why did you accept or reject it?

How were you found guilty? Jury Trial Bench Trial Guilty Plea

If you were found guilty after a trial, please describe the evidence presented against you, including any statements or testimony by you. If you plead guilty, please describe the evidence that you obtained that led to your decision to plead guilty. Use additional pages and attach supporting materials if necessary.

Did you appeal your conviction or sentence? Yes No

If yes, give the case number, attorney, and result. If no, explain why you did not appeal.

Have you filed an motions under Article 440 of the Criminal Procedure Law in state court, or habeas corpus petitions in state or federal court?

440 Motion State Habeas Corpus Federal Habeas Corpus Not Sure

If you have filed a 440 motion or sought a writ of habeas corpus in state or federal court, please give the case number(s), your attorney (if any) , and results (use additional pages if necessary).

CLAIMS

Part I. Actual Innocence

Do you claim to be actually innocent of the crime for which you were convicted? Yes No

If yes, provide the information requested in this section. If no, go to Part II "Exceptional Circumstances," below.

Please describe your version of events concerning the crime(s). Include a description of what you believe led to your conviction, and any other information you believe is important. **Please remember that the attorney-client privilege does not apply to this communication.** Use additional pages and attached documentation if necessary.

Do you have witnesses who could support your claim of innocence? Please provide details, including names, contact information, and witness statements if you have any.

If you believe that another individual committed the crime(s), please provide that person's name, reason for your belief that he/she committed the crime(s), and any contact or identifying information.

Was any DNA or other biological material collected and/or tested in your case? If so, what is your understanding of the results of the testing? Are there any collected materials that were not tested?

Do you or anyone else have other evidence (photos, documents, etc.) that could support your claim of innocence? If so, who has the evidence and how may this office obtain it?

Please include any other information or materials you believe this office should have if we conduct a review of your case. These may include documents, affidavits, or letters supporting your claim. DO NOT SEND ORIGINALS.

CERTIFICATION FORM

The applicant must certify the following information by initialing to the right of each statement and by signing below.

<u>Certification</u>	<u>Initials of Applicant</u>
1. I certify that all statements in this Application are true and accurate.	1. _____
2. I consent to being interviewed by this office concerning the conviction that is the subject of this application, to cooperating with this office's investigation, and to providing access to any evidence or other information concerning the conviction that is available to me.	2. _____
3. I understand that the office may determine that my case does not meet its criteria for CIU case review or relief. It may reject this application at any time, and I have no right to appeal that rejection.	3. _____
4. I understand that this office does not represent me and that my communications are not protected by the attorney-client privilege.	4. _____

Signature of Applicant: _____

Printed Name of Applicant: _____

Date: _____