



**U.S. Attorney's Office for the Central District of California**  
**Conviction Integrity Committee**

**Application To Be Completed By Individual Seeking Review of  
Prior Conviction in the Central District of California**

The Conviction Integrity Committee of the United States Attorney's Office for the Central District of California (the "Committee") will review innocence claims relating to convictions in the Central District of California that meet the following criteria:

1. Claims must be non-frivolous and based on facts (not legal issues).
2. The applicant must assert that he or she did not commit the crime(s) which he or she stands convicted.
3. The applicant must identify new, credible, material facts that are capable of being investigated and substantiated.
4. Case records necessary for re-investigation must be available for review.
5. Committee inquiries are non-adversarial and cooperative processes.
6. Absent extraordinary circumstances, the Committee will not consider applications where the applicant currently has other legal process underway (such as a habeas petition or a civil lawsuit).

**If you believe you are innocent of a crime for which you have been convicted in the Central District of California, meet the above criteria, and would like the Conviction Integrity Committee to review your innocence claim, please complete and submit the following application.**

**APPLICATION SEEKING CONVICTION REVIEW**

**Name:**

**Date of Birth:**

**Inmate Number:**

**Current Address:**

**Current Email Address:**

**Current Phone Number:**

**Court of Conviction:**

U.S. District Court for the  
Central District of California

**Los Angeles**

**Riverside**

**Santa Ana**

**Date of Conviction:**

**Offense(s) of Conviction:**

**Case Number of Conviction to Be  
Reviewed:**

**Please return this application to:**  
U.S. Attorney's Office for the Central District of California  
Attn: Conviction Integrity Committee  
C/o Chief of Ethics and Post-Conviction Review  
312 N. Spring Street, 12<sup>th</sup> Floor  
Los Angeles, California 90012

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

**NOTICE:** The United States Attorney's Office for the Central District of California is unable to provide information regarding when the review of this submission will be completed. It may be some time before we can review your submission. Please read the consent form carefully.

**CONSENT FORM**

<b>The applicant must agree to all of the following statements and indicate such agreement by initialing to the right of each statement.</b>	
<b>Statements</b>	<b>Applicant's Initials</b>
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 application to the Conviction Integrity Committee of the United States Attorney's Office for the Central District of California (the "Committee").	
3. I understand that I have no right to have my conviction reviewed by the Committee, and that there is no right of appeal from rejection by the Committee.	
4. I understand that Committee investigations are non-adversarial and cooperative processes.	
5. I understand that the Committee is not my attorney, and <b>I should not share confidential or privileged information</b> with the Committee.	
6. I did not commit the crime(s) for which I was convicted.	
7. I know of new, credible, material facts that are capable of being investigated and substantiated.	
8. I am requesting that the Committee review my claim of innocence.	
9. I am willing to cooperate with the Committee's investigation.	
10. I understand that the Committee may determine that my case does not meet its criteria and at any point reject my application.	
11. I understand that my request for the Committee to review my case is not an appeal.	

**(CONSENT FORM CONTINUES ON NEXT PAGE)**

**CONSENT FORM (CONTINUED FROM PREVIOUS PAGE)**

12. Other than this claim, I do not have any legal proceedings underway relating to this conviction.	
13. I understand that sending this application to the Committee <b>will not extend</b> any court's legal deadlines, including the statute of limitations for filing a federal habeas petition.	
14. I understand that the Committee's process is separate from any legal proceeding and that only a court can set aside a conviction.	

The prosecutors on the Conviction Integrity Committee at the United States Attorney's Office for the Central District of California 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 Committee.** 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 above and signing my name 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 (Please Print)

\_\_\_\_\_  
Signature

**ONCE SIGNED, PLEASE PROCEED TO THE NEXT PAGE.**

**APPLICATION SEEKING CONVICTION REVIEW (CONTINUED)**

1. Do you have a lawyer? If so, please provide your lawyer's name, address, email address, and phone number.
  
2. What is your first language? If English is not your first language, do you have any difficulties reading and writing in English?
  
3. What is the highest grade you completed in school?
  
4. Is there any reason that corresponding in writing will be difficult for you?  
**Yes**  **No**   
If yes, please explain.
  
5. Have you ever received mental health treatment?  
**Yes**  **No**   
If yes, please describe if it affects your ability to complete this form.
  
6. Is anyone assisting you in completing this form?  
**Yes**  **No**   
If yes, please identify that person and explain why.
  
7. Please provide the names, addresses, phone numbers, and email addresses of family or friends who might have information regarding your case. **By writing these names, you are giving the Committee permission to talk to these individuals about your case.**

**APPLICATION SEEKING CONVICTION REVIEW (CONTINUED)**

8. 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?

9. Have you filed a federal habeas petition or other post-conviction motion to challenge your conviction(s)?

**Yes**  **No**

If yes, please provide the docket number, date of any decision, and result of your habeas petition or post-conviction motion?

**APPLICATION SEEKING CONVICTION REVIEW (CONTINUED)**

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 convicted? **Note:** *The Committee generally will not review claims relating to legal defenses (e.g., self-defense, insanity).*  
**Yes**  **No**

If yes, please provide as much information as possible and describe the facts and reasons you are innocent of the crime(s) for which you were convicted. *(Feel free to attach additional sheets of paper.)*

**APPLICATION SEEKING CONVICTION REVIEW (CONTINUED)**

11. What new, credible, material facts or information can be investigated and substantiated that support your claim that you are innocent, in other words, that you did not commit the crime(s) for which you were convicted? *(Feel free to attach additional sheets of paper. You may attach any exhibits or records, but please retain all original documents for your records.)*



**APPLICATION SEEKING CONVICTION REVIEW (CONTINUED)**

12. Please identify any witnesses who have new, credible, material information relevant to your claim that, based on the facts, you are innocent.

**Witness #1:**

Address, phone number, and email address (if available):

What information does this person know?

**Witness #2:**

Address, phone number, and email address (if available):

What information does this person know?

**Witness #3:**

Address, phone number, and email address (if available):

What information does this person know?

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

**APPLICATION SEEKING CONVICTION REVIEW (CONTINUED)**

13. Did you have any co-defendants?

**Yes**  **No**

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

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

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

14. Did you plead guilty or were you convicted at trial?

If you pled guilty, why did you plead guilty?

**APPLICATION SEEKING CONVICTION REVIEW (CONTINUED)**

15. 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**  **No**

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

16. Are you asking for DNA, fingerprint, or other forensic testing of evidence from the crime?

**Yes**  **No**

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

17. Did any informants or cooperating witnesses provide information against you?

**Yes**  **No**

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

Was their testimony truthful? If not, please explain why and how you know that.

**APPLICATION SEEKING CONVICTION REVIEW (CONTINUED)**

18. Did an eyewitness make an identification against you?  
**Yes**  **No**

If yes, was the identification wrong? Please explain.

19. Did you confess to the crime(s) of which you were convicted?  
**Yes**  **No**

If yes, please explain why you confessed.

**APPLICATION SEEKING CONVICTION REVIEW (CONTINUED)**

20. **OPTIONAL:** Do you know who committed or participated in the crime(s) of which you were convicted?

**Yes**  **No**

If yes, please name the person below and provide the person's location.

How do you know that this person committed or participated in the crime(s)?

Please explain that person's role in the crime and, if you know, why he or she was not prosecuted or convicted.

**APPLICATION SEEKING CONVICTION REVIEW (CONTINUED)**

21. Please tell us any other information you would like us to know. Use additional sheets of paper if necessary.

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

Name (Please Print): \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_