APPLICATION FOR CONVICTION REVIEW

The Conviction Review Unit of the San Diego County District Attorney’s Office investigates claims of actual innocence exclusively and retains complete discretion to deny an application for conviction review. The Conviction Review Unit will not consider requests for resentencing.

Requirements: In order to qualify for a conviction review by the San Diego District Attorney’s Office, the case and applicant must meet the following criteria:

a. The conviction must have occurred in San Diego County Superior Court;

b. Applicant must be in custody, serving time on the sentence for which he/she was wrongfully convicted;

c. The conviction must be for a violent and/or serious felony as defined by Penal Code sections 667.5 (c) and 1192.7 (c) (1)-(42) (e.g. murder, rape, robbery, etc.).

d. The application for review must be based on credible and verifiable evidence of innocence; and

e. Applicant agrees to fully cooperate with the District Attorney’s Office, which includes providing disclosure of all relevant information during the review process.

Information Needed: Applicants or their representative must complete the form below in order to make a conviction review request (you may use additional pages if needed):

Applicant’s and/or representative’s name(s): ________________________________________________________________
________________________________________________________________________________________________________________________

Correctional Facility: ______________________________________________________________________________________________

CDCR No./Booking No: ___________________________________________ Superior Court No: _________________________

List the crime(s): ___________________________________________________________________________________________________

Date of Conviction: _______________________ Defense Attorney: __________________________________________________
Applicant / Representative contact information: ________________________________

Describe applicant’s claim of innocence? ________________________________

______________________________________________________________

______________________________________________________________

What proof exists that supports applicant’s claim of innocence? Attach any relevant documentation (declarations, testimony, evidence, etc.) and any other information that would assist in verifying the claim on innocence. ________________________________

______________________________________________________________

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Has applicant contacted any organization including, but not limited to, the Innocence Project, the ACLU, a trial attorney, an appellate attorney, the San Diego District Attorney’s Office, the Attorney General’s Office, or the U.S. Attorney’s Office regarding this claim of innocence before? If so, please describe: ________________________________

______________________________________________________________

______________________________________________________________

Do we have permission to discuss your claim of innocence with the Innocence Project or any other attorney(s) mentioned above? ________________________________

Was DNA used to convict applicant? If so, describe. ________________________________

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______________________________________________________________

Is there any past or pending appellate litigation in the case (an appeal or petition for a writ of habeas corpus)? ________________________________

State or Federal? ________________ Appeal No./Writ Case No: ________________________________

Return the completed application and all other relevant information to the following address via US Mail, fax, or email:

San Diego County District Attorney’s Office
Conviction Review Unit
PO Box 121011 • San Diego, CA • 92112-1011
Fax (619) 531-3428
CRU@sdcda.org