



**OFFICE OF THE DISTRICT ATTORNEY**  
**County of San Diego, State of California**  
**Summer Stephan**  
District Attorney

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**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?**

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**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:**

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**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