



OFFICE OF THE DISTRICT ATTORNEY  
WESTCHESTER COUNTY  
SUSAN CACACE  
DISTRICT ATTORNEY

CONVICTION REVIEW UNIT

SUBMISSION FORM/REQUEST FOR REVIEW

NAME: \_\_\_\_\_

INMATE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

COUNTY OF CONVICTION(S): \_\_\_\_\_

DATE OF CONVICTION(S): \_\_\_\_\_

CASE NUMBER OF CONVICTION TO BE REVIEWED: \_\_\_\_\_

Please Return this application to:

WESTCHESTER COUNTY DISTRICT ATTORNEY'S OFFICE  
CONVICTION REVIEW UNIT  
WESTCHESTER COUNTY COURTHOUSE  
111 DR. MARTIN LUTHER KING, JR. BLVD.  
WHITE PLAINS, NEW YORK 10601

Please complete this submission form as fully as possible.  
If you answer Yes to any of the questions, please use the available  
space to provide as much detail as you are able.  
If you do not know the answer to a question, please explain why.

NOTICE: The District Attorney's Office cannot provide information regarding 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. Please read the consent form carefully.

Westchester County District Attorney's Office, Conviction Review Unit

ACKNOWLEDGEMENT and CONSENT FORM

The petitioner must agree to all the following and indicate such agreement by initialing at the right of each statement	
Statements	Initials of Petitioner
1. I certify that all the statements in this application are true and accurate.	
2. I acknowledge that providing false information will result in a rejection of my submission to the Conviction Review Unit ("CRU").	
3. I understand that I have no right to a CRU review and that there is no right of appeal from rejection of a CRU review or termination of any investigation into your claims by the CRU.	
4. I understand that CRU attorneys are not my attorneys, and <b>I should not share confidential or privileged information.</b>	
5. I understand that any communications I have with members of the CRU are not privileged or confidential.	
6. I believe that credible evidence of my <i>actual innocence</i> or <i>wrongful conviction</i> exists.	
7. I am requesting that the CRU review my claim of <i>actual innocence</i> or <i>wrongful conviction</i> .	
8. I am willing to cooperate with the CRU's investigation.	
9. I understand that the CRU may determine that my case does not meet its criteria and at any point reject my submission or terminate any investigation into my submission.	
10. I understand that my request for the CRU to review my case is not an appeal.	
11. I understand that sending this submission to the CRU will not extend any court's legal deadlines, including the Statute of Limitations for filing a federal habeas petition.	

The prosecutors in the CRU at the District Attorney's Office 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 CRU. If you do not understand any of the above, you should consult an attorney immediately.

**I have read and understand all of the above statements. By initialing the statements and signing 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 (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Westchester County District Attorney's Office, Conviction Review Unit

1. Do you have a lawyer? If YES, please provide your lawyer's name, address, and telephone number.

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2. Has an appeal, or a motion to vacate your conviction, been filed by you, or by a lawyer acting on your behalf? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain.

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3. What is your first language?

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4. What is the highest grade you completed in school? \_\_\_\_\_

5. Is there any reason that corresponding in writing will be difficult for you?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain.

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6. Have you ever received mental health treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please describe if it is relevant to your ability to complete this form.

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7. Is anyone assisting you in completing this form? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please identify that person, your relationship with that person and explain why.

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8. Please provide the names, addresses, and telephone numbers of family or friends who might have information regarding your case. *By writing these names, you are giving us permission to talk to them about your case.*

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9. 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 actual innocence claims, but an alibi claim *may* be). Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please describe why you are *actually innocent* of the crime for which you were convicted (include additional sheets of paper, if necessary).

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10. 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 \_\_\_\_\_ No \_\_\_\_\_

If YES, please describe why you were wrongfully convicted of the crime for which you were convicted (include additional sheets of paper, if necessary).

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11. Did you have any co-defendants? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please identify them by name and give any contact information for them.

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12. Were your co-defendants *actually innocent* or *wrongfully convicted*?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain why they were *actually innocent* or *wrongfully convicted*.

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If NO, please explain why you are *actually innocent* or *wrongfully convicted* and they were not *actually innocent* or were not *wrongfully convicted*.

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13. Were there any other people involved in the commission of the crime who were not prosecuted or convicted (e.g. accomplices or other suspects)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please identify them by name and give any contact information.

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Please explain their role in the crime and why they were not prosecuted or convicted, if you know.

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14. Please provide a brief factual history describing the circumstances of the crime(s) for which you were convicted (attach additional sheets of paper, if necessary).

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

**Witness #1**

Name \_\_\_\_\_

Address and Phone Number

\_\_\_\_\_  
\_\_\_\_\_

What information does this person know?

\_\_\_\_\_  
\_\_\_\_\_

**Witness #2**

Name \_\_\_\_\_

Address and Phone Number

\_\_\_\_\_  
\_\_\_\_\_

What information does this person know?

\_\_\_\_\_  
\_\_\_\_\_

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

16. Were 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.

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17. Are you asking for testing of DNA or fingerprint evidence or any other forensic testing of evidence from the crime(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please identify what you would like to test, and why you believe the results would show that you are *actually innocent* or *wrongfully convicted*.

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18. Did any police informants or "snitches" testify against you at your trial?  
Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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19. Did you confess to the crime for which you were convicted? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain why you confessed.

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20. Did an eyewitness testify at your trial? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, who was he/she, and was the identification wrong? Explain why.

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21. Do you have an alibi claim? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please provide details of your alibi claim including where you were at the time the crime occurred; who you were with; what you were doing at the time; the time period when you were engaged in this activity (attach additional sheets of paper, if necessary).

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22. Do you know who committed the crime(s) of which you were convicted?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please name him/her below and provide that person's address (if known).

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23. How do you know that person committed the crime?

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24. Is there any relevant, newly discovered evidence that has come to your attention *after* your conviction? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please describe the newly discovered evidence.

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25. Please tell us anything else you would like us to know to investigate your claim of *actual innocence* or *wrongful conviction* (attach additional sheets of paper, if necessary).

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Westchester County District Attorney's Office, Conviction Review Unit

I hereby state that I have been truthful in answering all the questions in this Conviction Review Request Form.

DATE: \_\_\_\_\_

NAME (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

