



# Office of the District Attorney

## Alameda County

### APPLICATION TO CONVICTION INTEGRITY UNIT

#### INSTRUCTIONS

The Conviction Integrity Unit (CIU) will accept any writing that provides the necessary information, but claimants are encouraged to use this form. Please type your answers or print them legibly in ink. If the space provided is not enough, please place your answers on a separate page and attach it to this form.

This form can be completed by a convicted defendant, by an attorney representing a convicted defendant, or by any person authorized by a convicted defendant to act on his or her behalf.

Please read the "Eligibility" and "Advice of Rights" sections below before you submit this form. Please also complete the "Consent" form.

#### ELIGIBILITY

The Conviction Integrity Unit only accepts requests for review that meet **all** the following standards:

- ✓ The conviction(s) must have been prosecuted by the Alameda County District Attorney's Office.
- ✓ The CIU **strongly** prioritizes cases in which the defendant claims that he or she is innocent of the offense of conviction. "Actual innocence" means that the defendant has **no** criminal responsibility at all for the offense. A claim of "actual innocence" must be supported by **new** evidence that was not presented in court during the trial/plea or appeal.
- ✓ A defendant may seek review from the CIU only after sentencing.

#### ADVICE OF RIGHTS

This form does not convey legal advice. Any person who completes and submits this form should recognize that he or she has the right **not** to provide information to an agency of government about a criminal matter. By submitting this form, you agree that any information you provide in this form is given voluntarily and that no promise has been conveyed to you - you are providing information of your own free will.

#### Please return this application to:

Email: [DA.CIU@acgov.org](mailto:DA.CIU@acgov.org)

or

Alameda County District Attorney's Office  
Conviction Integrity Unit  
7677 Oakport St., Ste. 650  
Oakland, CA 94621

**Defendant Information**

- 1. Convicted person’s name:[Full Name]
- 2. Convicted person’s date of birth (MM/DD/YYYY):
- 3. Is the convicted person incarcerated? Choose an item.
- 4. If presently incarcerated, please provide the following information:
  - a. CDCR Number Click or tap here to enter text.
  - b. Prison where incarcerated: [Choose CDCR Institution]
  - c. Cell location: Click or tap here to enter text.
  - d. P.O. Box:
  - e. City, State, Zip:
- 5. Alameda County PFN if known: [PFN]
- 6. Do you **currently** have a lawyer? Choose an item.

If so, please provide your lawyer’s name, address and phone number:

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- 7. What is your primary language? \_\_\_\_\_
- 8. What is the highest grade you completed in school? \_\_\_\_\_
- 9. Is there any reason that corresponding in writing will be difficult for you?

Choose an item.

If yes, please explain.

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- 10. Have you ever received mental health treatment? Choose an item.

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

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- 11. Is anyone assisting you in completing this form? Choose an item.

If yes, please identify that person and explain why.

## CONSENT FORM

Please review this form prior to proceeding with the remainder of this application. The applicant must agree to all of the following and indicate such agreement by initialing to the right of each statement.

Term	Acknowledgement (Initials of Defendant)
I acknowledge that providing false information will result in a rejection of my submission to the Conviction Integrity Unit ("CIU").	
I understand that I have no right to a CIU review, and that there is no right of appeal from rejection by the CIU.	
I understand that the CIU is not my attorney and cannot offer me legal advice.	
I believe that credible evidence of my innocence or wrongful conviction exists.	
I am requesting that CIU review my claim of actual innocence or wrongful conviction.	
<b>I am willing to cooperate with the CIU's investigation.</b>	
I understand the CIU may determine that my case does not meet their criteria and at any point reject my submission.	
I understand that sending this submission to the CIU is not a legal petition or appeal and WILL NOT extend any court's legal deadlines including the statute of limitation for filing a federal habeas petition.	
I am submitting this form voluntarily and of my own free will.	

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.

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

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

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

## **Case Information**

1. Alameda County Superior Court case number: [Docket]
2. Provide the Penal Code section number or name of the crime(s) the person was convicted of: Click here to enter text.
3. Date convicted:
4. Sentence received: Click here to enter text.
5. How was the person convicted?

Jury/Bench Trial

Guilty/No Contest Plea

6. Is the conviction **currently** being challenged on appeal?

Choose an item.

7. Is there a habeas corpus petition **currently** pending before a state or federal court? Choose an item.
  - If so, in which court and under what case number?

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8. Has a habeas corpus petition **ever** been filed regarding the conviction? Choose an item.
  - If so, in which court and under what case number?

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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 an actual innocence claims). Choose an item.

If yes, please describe why you are actually innocent of the crime for which you were convicted (feel free to include additional sheets of paper):

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. Choose an item.

If yes, please describe why you were wrongfully convicted of the crime (feel free to include additional sheets of paper):

11. Are you asking for DNA, fingerprint, or other forensic testing of evidence from the crime? Choose an item.

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

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

Witness # 1:

Name: [Full Name]

Address and Phone Number (if available):

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What information does this person know? Did they testify at trial? How is the new information different from their testimony?

Add additional witnesses on additional sheets of paper.

13. Are you challenging any of the following types of evidence in your case:

- DNA evidence
- Ballistics evidence
- Medical Testimony
- Other forensic expert testimony
- Informant testimony
- False confession
- Eyewitness identification

14. If you believe there an attorney, investigator or law enforcement officer engaged in serious misconduct leading to your wrongful conviction, please identify that person(s):

15. Please tell us anything else you would like us to know that could help us prove your actual innocence or that you were wrongfully convicted. Use additional sheets of paper if necessary.

16. If this request is being submitted by someone other than the convicted person, please state your relationship to the convicted person:

17. If this request is being submitted by someone other than the convicted person, have you obtained written consent of the convicted person to file this request? Please include with this submission.

Choose an item.

I certify that all of the statements in this application are true and accurate.

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

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

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

**Note:** You may attach copies of exhibits or documents to this questionnaire to assist the Conviction Integrity Unit's examination of your request, but they may not be returned. **Please retain all original documentary evidence for your records.**