



Application for Review Submitted by Attorney *Attorney General Josh Shapiro*

Conviction Integrity Section
16th Floor, Strawberry Square
Harrisburg, PA 17120

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1-833-624-4968

CIS@attorneygeneral.gov
www.attorneygeneral.gov

Please complete this form for the Conviction Integrity Section (CIS). Be sure to include copies of any documents supporting the claim. **Do not send original documents.**

MAIL: **PA Office of the Attorney General
Conviction Integrity Section
Criminal Law Division
Strawberry Square, 16th Floor
Harrisburg, PA 17120**

EMAIL: **CIS@attorneygeneral.gov**

The CIS will only accept cases for review where the following apply:

1. Felony conviction in a county in the COMMONWEALTH OF PENNSYLVANIA except Philadelphia. Please visit phila.gov, or Conviction Integrity Unit, Philadelphia's District Attorney's Office, 3 South Penn Square, Philadelphia, PA 19107-3499.
2. A credible claim of actual innocence.
3. The claim must be supported by information/evidence not previously part of the original guilty plea, trial or appeals.
4. The applicant is incarcerated on the conviction in question.

Please keep in mind the following. The CIS is not reviewing lawful sentences, affirmative defenses, or information/evidence previously considered and litigated before the original jury or judge.

Attorney Information

NAME

EMAIL

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

FAX NUMBER

BOTH ATTORNEY and APPLICANT must initial each statement below:

_____ _____ Requesting review of your case by our office will not toll the time you have to pursue post-conviction remedies, such as filing an appeal or post-conviction motion. You need to pursue those remedies separately.

_____ _____ Acknowledgment of receipt of this application by the CIS does not indicate acceptance of the case for investigation, nor does it imply acceptance of the validity of the claim of innocence.

_____ _____ The CIS cannot give legal advice and no applicable privilege, including but not limited to the attorney-client privilege applies to information provided.

_____ _____ Any false statements herein can be used against me.

_____ _____ The CIS will only communicate with the attorney submitting this application.

_____ _____ The CIS reviews cases based on its own standards.

_____ _____ The CIS may contact any of the people or witnesses listed in this application.

_____ _____ I give my attorney, former attorneys, and any agency that has been contacted regarding my claim of innocence permission to share all information from their files with the CIS.

_____ _____ I waive any attorney-client privilege.

Applicant Information

Is the applicant a U.S. Citizen? YES NO

Is the applicant still serving a sentence
from this conviction in prison? YES NO

**If "NO" the conviction does NOT
meet the criteria for review.**

NAME		DOC NUMBER	DATE OF BIRTH	
STREET ADDRESS		CITY	STATE	ZIP CODE
CASE NUMBER	CHARGES ON CONVICTION(S)			
DATE OF OFFENSE AND ARREST	ORIGINAL SENTENCE:			
TRIAL ATTORNEY	SENTENCING JUDGE AND JURISDICTION			

Case Information

Please list all the Attorney(s) who have previously represented applicant:

Please check every box that applies.

- Conviction in the COMMONWEALTH of PENNSYLVANIA.
- Direct appeal was denied and no pending litigation.
Date direct appeal was denied: _____
- Applicant had no role in the crime convicted of.
- Applicant did some but not all of what convicted of.
- Applicant suffers from a medically diagnosed condition affecting competency that existed the time the crime was committed. MEDICAL RECORDS MUST BE ATTACHED.
- Applicant did something illegal under duress.
- Conviction by jury or judge.
- Conviction by entering guilty or no contest plea.

Prior Post-conviction Appeals

Have any post-conviction motions been filed before in this case? YES NO

If Yes, provide case information: _____

Prior DNA Testing

Was DNA evidence used at trial? YES NO

If yes, was it by Commonwealth Defense

Contact with Innocence Organizations

Has contact been made with Pennsylvania Innocence Project about this case? YES NO

If yes, are they currently investigating? YES NO

Has any other innocence organization/project been contacted about this case? YES NO

If yes, which organization(s) and when? _____

New Evidence or Evidence of Innocence

Please check every box you believe applies.

- A witness/informant who testified has recanted or changed their testimony.

Please explain details: _____

- Applicant was not at the crime scene and has an alibi.
- New evidence proves innocence that wasn't available at trial or entry of plea.
- Expert testimony presented at trial that has been discredited.
ATTACH DOCUMENTS PROVING SAME.
- DNA evidence exists that has never been tested.
- The arresting officer or an officer that presented testimony was arrested.

Name of officer and badge number: _____

Scientific Evidence

Please check every box you believe applies.

- The Commonwealth presented a "shaken baby" case.
- The Commonwealth presented an expert to prove arson.
- The Commonwealth used bite mark evidence.
- The Commonwealth used hair comparison evidence.

Information About Other Evidence

Please check every box you believe applies.

- Applicant testified at trial.
- Police claimed a confession was given but applicant denies.
- Allegation of coerced confession.
- Eyewitness or victim identification occurred in the following manner:
- In person show-up.
 - Photo array or photo lineup.
 - Live lineup.
 - In court only.
- The witness or informant who testified lied.
- The witness or informant who testified was cooperating with the Commonwealth and was not disclosed.

Please explain details of cooperation and how discovered:

Information About New Evidence and Innocence

Please explain the basis for innocence in detail:

Please provide location of applicant on the date of the crime and arrest.

Please list the names and phone numbers of witnesses or alibis, or any other person with relevant information, and any other person whom should be contacted supporting the claim.

Please provide any new information about the case that was not known at the time of conviction.

FOR THE CIS TO REVIEW THIS APPLICATION PLEASE EXECUTE AND DATE

By signing below:

- 1. I verify the information provided is true and accurate to the best of my knowledge and I may be held liable for any unsworn falsification provided herein pursuant to Pa.C.S. 18 § 4904;**
- 2. I fully understand the terms and conditions contained in the application after consulting with my Attorney; and**
- 3. I give my attorney consent to file this application on my behalf.**

ATTORNEY FOR APPLICANT

DATE

APPLICANT

DATE