



## Application for Review Submitted by Attorney

Attorney General David W. Sunday, Jr.

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

**1-833-OAG-4YOU**  
1-833-624-4968

[https://www.attorneygeneral.gov/criminal-law-division/  
conviction-integrity-section/](https://www.attorneygeneral.gov/criminal-law-division/conviction-integrity-section/)

Complete this application in its entirety and submit via mail, email, or digitally on our website. If an answer to a question is unknown, it may be left blank. Be sure to attach copies of any documents that support your client's application/claim. **Do not send original documents.** Submit the completed application and **copies** of supporting documents to:

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

**EMAIL:** [CIS@attorneygeneral.gov](mailto:CIS@attorneygeneral.gov)

### The Conviction Integrity Section will only accept cases for review where the following apply:

1. A conviction must have occurred in a county of the COMMONWEALTH of PENNSYLVANIA, except Philadelphia County - [www.phila.gov](http://www.phila.gov), or Conviction Integrity Unit, Philadelphia's District Attorney's Office, 3 South Penn Square, Philadelphia, PA 19107-3499.
2. The conviction must be for a felony.
3. The Applicant is incarcerated on the conviction in question.
4. There must be a credible claim of actual innocence (for instance, they did not commit or participate in the crime charge) which is supported by information or evidence not previously part of their original trial or guilty plea.

Please keep in mind CIS will not review lawful sentences, affirmative defenses, claims, or evidence previously considered by and presented to the original finder of fact (jury or judge). For example, CIS will not review cases of self-defense or consent versus rape.

## Attorney Information

NAME

EMAIL

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

FAX NUMBER

## Acknowledgements

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**BOTH ATTORNEY and APPLICANT must initial each beside statement below to show understanding and agreement with the following:**

_____	_____	We understand this request for CIS review will not affect the time allotted to pursue post-conviction remedies, such as filing a direct appeal or PCRA. We must pursue and exhaust those remedies separately before CIS review.
_____	_____	There is no appellate or post conviction litigation pending.
_____	_____	We understand the CIS notice of receipt of my completed application does not indicate acceptance for full investigation, nor an acceptance of the claim of innocence.
_____	_____	We understand the CIS is a division in the Pennsylvania Office of the Attorney General. the CIS personnel are not defense attorneys, do not represent me, and do not provide legal advice.
_____	_____	We understand we are providing information to a prosecutor's office and any statements are provided voluntarily.
_____	_____	No one has promised us anything to complete this application.
_____	_____	We understand the CIS will only communicate with the attorney submitting this application.
_____	_____	We understand the CIS reviews cases based on its own standards and our case may or may not be reviewed or investigated.
_____	_____	We understand the CIS may contact any of the people or witnesses provided in this application.
_____	_____	I, the Applicant, through my attorney, understand and waive any applicable privilege to the information I provide, including but not limited to, the attorney-client privilege.
_____	_____	Any false statements herein can be used against my client.
_____	_____	I, the Applicant, through my attorney, provide my attorney and former attorneys consent to share all information from their files with the CIS
_____	_____	I, the Applicant, through my attorney, give the Pennsylvania Innocence Project or any other innocence organization permission to share all information they may have with the CIS.

## Applicant Information

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NAME	DOC NUMBER	DATE OF BIRTH
SCI FACILITY	COUNTY OF CONVICITION	DOCKET NUMBER
	Alaska Native	Asian
		Black
RACE and ETHNICITY: (please circle all that apply)	Hispanic	Native American
		Pacific Islander
	White	Other
		Prefer Not To Specify

## Case Information

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DATE CRIME OCCURED	DATE OF ARREST	CRIME(S) CONVICTED OF
SENTENCE(S) IMPOSED	DATE OF SENTENCE/CONVICTION	

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

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**How was your client convicted?** (please circle all that apply)

Judge/Bench      Jury Trial      Guilty Plea      No Contest Plea

**Please check every box that applies:**

☐ Applicant had no role in the crime convicted of.

☐ Applicant did some, but not all, of crime(s) convicted of.

☐ Applicant did something illegal because they were forced to do it by someone else.

☐ Applicant did something illegal under duress.

☐ Applicant suffers from a medically diagnosed condition affecting competency that existed the time the crime was committed. MEDICAL RECORDS MUST BE ATTACHED.

☐ None of the above statements apply to me.

## Prior Post-Conviction Appeals

Are there any active appeals or post-conviction motions?

YES

NO

If yes, please provide the case number:

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Have any post-conviction motions been filed before for this case?

YES

NO

If yes, please provide case information:

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## Prior DNA Testing

Was DNA evidence used at trial?

YES

NO

If yes, by whom?

Commonwealth

Defense

Have you filed a motion for DNA testing under state law?

YES

NO

Was the motion granted?

YES

NO

Was testing done?

YES

NO

## Contact with Innocence Organizations

Has contact been made with the 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?

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## New Evidence or Evidence of Innocence

**Please check every box for each statement you believe applies to this case. You may check as many boxes as needed. If none apply, check the box "None of these statements apply."**

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

Applicant was not at the crime scene and has an alibi not previously available.

There was scientific testimony at trial that was wrong or has been discredited.

Briefly explain what testimony:

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There is expert testimony at trial that was wrong or has been discredited.

Briefly explain what testimony: \_\_\_\_\_  
\_\_\_\_\_

The arresting officer or an officer that presented testimony was arrested.

Name of Officer and Badge Number: \_\_\_\_\_

Briefly explain what testimony: \_\_\_\_\_  
\_\_\_\_\_

There is DNA evidence that has never been tested.

There is new evidence that proves innocence that wasn't available at trial or entry of plea.

Briefly explain what evidence: \_\_\_\_\_  
\_\_\_\_\_

None of these statements apply.

### Questions About Scientific Evidence

**Please check every box for each statement you believe applies to this case. You may check as many boxes as needed. If none apply, check the box "None of these statements apply."**

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.

None of these statements apply.

### Information About Other Evidence

**Please check every box for each statement you believe applies to this case. You may check as many boxes as needed. If none apply, check the box "None of these statements apply."**

Applicant testified at trial

Police claimed a confession was given but applicant denies.

Allegation of coerced confession.

An eyewitness or victim didn't know the applicant but identified them as the person committing the crime.

*If applicant was identified, which of the following fit how they were identified:*

An eyewitness or victim identified applicant from a show-up.

An eyewitness or victim identified applicant from a photo array or photo lineup.

An eyewitness or victim identified applicant from a live lineup.

An eyewitness or victim identified applicant the for the first time in court.

The witness or informant who testified against applicant lied.

Police said they found applicant fingerprints at the crime scene.

Police said they found applicant hair at the crime scene.

Police said they found applicant blood at the crime scene.

Police said they found other of applicant's body fluids semen, spit, sweat at the crime scene.

Police said the victim's DNA was on applicant.

Police said applicant had the victim's property or other belongings.

The witness or informant who testified against applicant had a deal with the Commonwealth that was just learned about.

Please explain details of cooperation and how discovered: \_\_\_\_\_  
\_\_\_\_\_

None of the above statements apply.

## Information About New Evidence and Innocence

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Please explain the basis for innocence in detail:

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Please list name, contact information, and relationship to Applicant of witnesses or any other person with relevant information or alibis, and any other person whom should be contacted supporting the claim.

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

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**FOR THE CONVICTION INTEGRITY SECTION TO REVIEW THIS APPLICATION, PLEASE EXECUTE AND DATE BY SIGNING BELOW:**

- 1. I, the Applicant, give my attorney consent to file this application on my behalf;**
- 2. I, the applicant, fully understand the terms and conditions contained in the application after consulting with my Attorney; and**
- 3. I, the Applicant, 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.**

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ATTORNEY FOR APPLICANT

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DATE

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APPLICANT

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DATE