

# CONVICTION INTEGRITY UNIT (CIU) SUBMISSION FORM/REQUEST FOR REVIEW

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

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

SOCIAL SECURITY NUMBER: \_\_\_\_\_

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

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

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

CASE NUMBER OF CONVICTION YOU WOULD LIKE REVIEWED: \_\_\_\_\_

Please return this application to:

CAYUGA COUNTY DISTRICT ATTORNEY'S OFFICE CONVICTION INTEGRITY UNIT  
95 Genesee Street, First Floor  
Auburn, New York 13021

Please complete this submission form as fully as possible.  
If you do not know the answer to a question, you may leave it blank.

**WARNING: THE DISTRICT ATTORNEY'S OFFICE'S CANNOT PROVIDE YOU WITH INFORMATION AS TO WHEN THE REVIEW OF THIS SUBMISSION WILL BE COMPLETED. WE WILL NOT RESPOND TO INQUIRIES INTO THE STATUS OF AN APPLICATION.**

**PLEASE READ THE CONSENT FORM CAREFULLY.**

**CONSENT FORM** The petitioner must agree to all of the following and indicate such agreement by initialing to the right of each statement.

	INITIALS OF PETITIONER
1. I certify that all of the statements in this application are true and accurate.	1.
2. I acknowledge that providing false information will result in a rejection of my submission to the Conviction Integrity Unit ("CIU").	2.
3. I understand that I have no right to a CIU review, and that there is no right of appeal from rejection by the CIU.	3.
4. I understand that the CIU is not my attorney.	4.
5. I believe that credible evidence of my innocence or wrongful conviction exists.	5.
6. I am requesting that CIU review my claim of actual innocence or wrongful conviction.	6.
<b>7. I am willing to cooperate with the CIU's investigation.</b>	7.
8. I understand the CIU may determine that my case does not meet their criteria and at any point reject my submission.	8.
9. I understand that my request for the CIU to review my case is not an appeal.	9.
10. I understand that sending this submission to the CIU <b>WILL NOT</b> extend any court's legal deadlines including the statute of limitation for filing a federal habeas petition.	10.

(The prosecutors in the CIU 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. 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: \_\_\_\_\_

1. Do you have a lawyer? If so, please provide your lawyer's name, address and phone number:

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2. What is your first language? \_\_\_\_\_

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

4. Is there any reason that corresponding in writing will be difficult for you? Yes \_\_\_\_\_ or No \_\_\_\_\_

If yes, please explain.

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

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

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

If yes, please identify that person and explain why.

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7. Please provide the names, addresses, and phone 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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8. 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). Yes \_\_\_\_\_ or No \_\_\_\_\_

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):

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9. 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 \_\_\_\_\_ or No \_\_\_\_\_

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

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10. Are you asking for DNA, fingerprint, or other forensic testing of evidence from the crime? Yes \_\_\_\_\_ or No \_\_\_\_\_

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

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

If so, please identify them by name and give any contact information:

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Were your co-defendants actually innocent or wrongfully convicted? If so, please explain why.

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If not, please explain why you are actually innocent or wrongfully convicted and they are not.

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

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

If so, 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.

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

**Witness # 1:**

Name: \_\_\_\_\_

Address and Phone Number (if available):

\_\_\_\_\_

\_\_\_\_\_

What information does this person know?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Witness # 2:**

Name: \_\_\_\_\_

Address and Phone Number (if available):

\_\_\_\_\_

What information does this person know?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Witness # 3:**

Name: \_\_\_\_\_

Address and Phone Number (if available):

\_\_\_\_\_

What information does this person know?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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



14. Was 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 \_\_\_\_ or No \_\_\_\_\_

If so, please describe this scientific or forensic evidence or other expert testimony:

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15. Did any police informants or cooperating witnesses testify against you at your trial?

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

If so, 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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16. Did you confess to the crime for which you were convicted? Yes \_\_\_\_ or No \_\_\_\_\_

If so, please explain why you confessed.

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17. Was an eyewitness identification used at your trial? Yes \_\_\_\_ or No \_\_\_\_\_

If so, was the identification wrong?

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

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

If yes, please name them below and provide that person's whereabouts (if known).

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19. How do you know that this person committed the crime?

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