

# OFFICE OF THE NORFOLK DISTRICT ATTORNEY MICHAEL W. MORRISSEY

45 Shawmut Road, Canton, MA 02021

## CONVICTION INTEGRITY UNIT APPLICATION FOR REVIEW OF CRIMINAL CONVICTION

The Norfolk District Attorney's Office (NDAO) maintains a Conviction Integrity Unit (CIU) and Conviction Integrity Committee (CIC) that examine colorable claims of innocence and wrongful convictions and issues concerning the integrity of current and prior cases prosecuted by the Norfolk District Attorney's Office. If you would like a case reviewed by the NDAO, the first step is to complete and submit this form. The form may be completed by the person convicted of the offense, that person's counsel, or another interested person. If the request is made by someone other than the person convicted or the person's counsel, the person convicted must consent to the request for review. Please complete the form as fully as possible. For more information about the NDAO Requests Post-Conviction Policy on for Review, please visit nfkda.com/conviction integrity unit.html

The CIU may accept and review colorable claims of actual innocence, claims of wrongful conviction, and claims of issues that may undermine the integrity of a conviction, including, but not limited to: issues arising from newly discovered evidence; cases wherein scientific testimony has since been discredited or disproven; and cases wherein a key witness has since been discredited. The CIU will not review a request for resentencing, nor will it review issues that were previously considered, litigated, and decided by a judge or jury in the original prosecution of the case.

**PLEASE NOTE:** If the person convicted is currently represented by an attorney, the CIU will communicate only with that attorney. The person convicted should consult that person's attorney prior to submitting this form.

Please complete the form as fully as possible and send copies of any documents that support your claims. **Do not send original documents or your only copy of any document**. These documents will not be returned to you.

Please submit the completed form either electronically by email to:

ndao.convictionintegrity@state.ma.us

or by mail to: Conviction Integrity Unit Norfolk District Attorney's Office 45 Shawmut Road Canton, MA 02021

<u>Bio</u> g	graphical Informat	tion of the Person	Convicted
First Name:	Middle Na	ne:	Last Name:
Date of Birth:	Inmate Nu	mber (if applicable	e):
Mailing Address			
Street:			_ P.O. Box:
City:	State:		Zip Code:
Phone Number:	E-N	Iail:	
If form is not being filled	out by the person co	onvicted, please con	mplete the below:
Name:			
Phone Number:		E-Mail:	
Relationship to per	rson convicted:		
	<u>Information</u>	About Convictior	<u>1</u>
Docket number:	Dat	te of conviction:	
Conviction obtained by:	Guilty Plea: 🗆	Jury or bench (ju	udge-only) trial:
Charge(s):			
Sentence:			
Arresting/investigating po	lice department:		
Name of trial attorney:			

Name of other pretrial and appellate attorneys:

Name of current attorney or screening counsel (if applicable):

If you have previously requested assistance from an innocence organization(s) (i.e. The Innocence Project, CPCS Innocence Program, etc.), please indicate below which organization and approximate date of contact:

\_\_\_\_\_ Date: \_\_\_\_\_

#### **Information About Appeals**

If there is an active appeal related to this case, please provide the following information:

Docket Number: \_\_\_\_\_ Court: \_\_\_\_\_

Please list any prior appeals, including approximate dates of filing and docket numbers:

## **Basis For Review Request**

The CIU may accept and review colorable claims of actual innocence, claims of wrongful conviction, and claims of issues that may undermine the integrity of a conviction, including, but not limited to: issues arising from newly discovered evidence; cases wherein scientific testimony has since been discredited or disproven; and cases wherein a key witness has since been discredited. The CIU will not review a request for resentencing, nor will it review issues that were previously considered, litigated, and decided by a judge or jury in the original prosecution of the case.

Are you claiming that you are <u>actually innocent of this crime</u>? This means that you were not involved in the crime at all. If so, explain why you are actually innocent.

Are you claiming that you were **<u>wrongfully convicted</u>**? This means the evidence and/or testimony against you was wrong or not reliable. If so, explain what that improper evidence was, and how it led to wrongful conviction.



Please list names and contact information of witnesses, if known, that support your claim, and state what information they know. List any documents that support your claim. Do not send your only copy of any documentation, as those provided will not be returned to you.


## Agreement to CIU Review

Please initial at the end of each statement to show	that you understand and agree to the following:

1)	I certify that all of the statements in this application are true and accurate to the
	best of my knowledge
2)	I acknowledge that knowingly providing false information will result in the rejection
	of my submission to the CIU.
3)	I understand that the attorneys on the CIU are not my attorneys and cannot give
	legal advice.
4)	I understand that I may be asked to cooperate with the CIU investigation, and that
	cooperation may include the CIU interviewing persons listed in the documents
	submitted or other persons pertinent to the investigation. The CIU may also seek to
	speak with the convicted person.
5)	I understand the CIU reviews cases based on its own standards and may
	determine, at any time, that the case does not meet its criteria and reject my submission.
6)	I understand that I have no right to appeal any decision by the CIU of my application.
7)	I understand that this submission or any review will not extend the deadlines for any
	trial or appellate court claims or appeals.
8)	I understand that I am providing information to a prosecutor's office and doing so
	voluntarily.
9)	I certify that I/the person convicted consents to this review
	I certify, by checking this box and entering my name below, that I have signed this document.
	I agree that checking this box has the same effect as, and is a valid substitution for, my
	handwritten signature. (Use this option if submitting electronically.)
Sig	nature:
Fir	st Name: Middle: Last Name:

Date:
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