

APPLICANT INFORMATION

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

Date of Birth: \_\_\_\_\_

Are you presently incarcerated?  Yes  No

If yes, where? \_\_\_\_\_

NYSID / DIN Numbers: \_\_\_\_\_

If no, what is your address?

\_\_\_\_\_

Other contact information (phone, email address):

\_\_\_\_\_

Are you currently represented by an attorney?  Yes  No

Name, address, and telephone number of attorney:

\_\_\_\_\_

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\_\_\_\_\_

Case Information

What Indictment / Information Number(s) is/are the subject of your application?

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What crime(s) is/are the subject matter of your application?

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What sentence did you receive for the crime(s) that is/are the subject of your application?

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Who was your attorney in the case? \_\_\_\_\_

What plea (if any) was offered and why did you accept or reject it?

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How were you found guilty?  Jury Trial     Bench Trial     Guilty Plea

If you were found guilty after a trial, please describe the evidence presented against you, including any statements or testimony by you. If you plead guilty, please describe the evidence that you obtained that led to your decision to plead guilty. Use additional pages and attach supporting materials if necessary.

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Did you appeal your conviction or sentence?    Yes       No

If yes, give the case number, attorney, and result. If no, explain why you did not appeal.

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Have you filed an motions under Article 440 of the Criminal Procedure Law in state court, or habeas corpus petitions in state or federal court?

440 Motion     State Habeas Corpus     Federal Habeas Corpus     Not Sure

If you have filed a 440 motion or sought a writ of habeas corpus in state or federal court, please give the case number(s), your attorney (if any) , and results (use additional pages if necessary).

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CLAIMS

Do you claim to be actually innocent of the crime for which you were convicted?  Yes  No

If yes, provide the information requested in this section. If no, go to Part II “Exceptional Circumstances,” below.

Please describe your version of events concerning the crime(s). Include a description of what you believe led to your conviction, and any other information you believe is important. **Please remember that the attorney-client privilege does not apply to this communication.** Use additional pages and attached documentation if necessary.

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Do you have witnesses who could support your claim of innocence? Please provide details, including names, contact information, and witness statements if you have any.

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If you believe that another individual committed the crime(s), please provide that person's name, reason for your belief that he/she committed the crime(s), and any contact or identifying information.

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Was any DNA or other biological material collected and/or tested in your case? If so, what is your understanding of the results of the testing? Are there any collected materials that were not tested?

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Do you or anyone else have other evidence (photos, documents, etc.) that could support your claim of innocence? If so, who has the evidence and how may this office obtain it?

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**Please include any other information or materials you believe this office should have if we conduct a review of your case. These may include documents, affidavits, or letters supporting your claim. DO NOT SEND ORIGINALS.**



CERTIFICATION FORM

The applicant must certify the following information by initialing to the right of each statement and by signing below.

<u>Certification</u>	<u>Initials of Applicant</u>
1. I certify that all statements in this Application are true and accurate.	1. _____
2. I consent to being interviewed by this office concerning the conviction that is the subject of this application, to cooperating with this office's investigation, and to providing access to any evidence or other information concerning the conviction that is available to me.	2. _____
3. I understand that the office may determine that my case does not meet its criteria for CIU case review or relief. It may reject this application at any time, and I have no right to appeal that rejection.	3. _____
4. I understand that this office does not represent me and that my communications are not protected by the attorney-client privilege.	4. _____

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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