

CONVICTION INTEGRITY DIVISION

APPLICATION FORM

Instructions: Complete and submit the following form in order to begin your case review by the Montgomery County State's Attorney's Office Conviction Integrity Division. Please understand that we are not your attorneys and cannot provide legal advice to defendants. The State's Attorney's Office also has no authority to overturn your conviction or reduce your sentence.

After you complete the form, please submit it by email to:

<u>ConvictionIntegrity@montgomerycountymd.gov</u> or by mail to the address below. Include copies (not originals) of any documents you believe would help us evaluate your case. We cannot return any documents submitted.

We will begin reviewing your application as soon as possible after we receive it. The length of our review will depend on the nature of your claim, the type of offense involved, the age of the case, the availability of case materials and evidence, and other factors. We will inform you of our conclusions when we have completed our review.

Montgomery County State's Attorney's Office Conviction Integrity Division 50 Maryland Avenue Rockville, MD 20850

CONVICTED INDIVIDUAL INFORMATION

Name of convicted person: First Name: _____ Last Name: ____ Date of birth: _____ Circuit Court case number: DOC number: _____ Current street address: _____ City: _____ State: ____ Zip code: _____ Are you currently incarcerated? yes no, on parole no, on probation no, finished serving sentence Are you currently represented by an attorney? yes no If yes, attorney's name and contact information: First Name: _____ Last Name: ____ Street address: _____ City: _____ State: _____ Zip code: _____ I am (check one) the convicted individual the attorney for the convicted individual

POST-CONVICTION PROCEEDINGS

Which of the following challenges have you filed in this case since your conviction? Select all that apply. For each one, please identify the attorney (if any) who represented you at the time.

Direct appe	al: ye	es	no			
Attorney:	yes	no	First name:		Last name:	
			Relief: yes First name:		Last name:	
			DNA Testing: First name:	•	no Last name:	
			yes no First name:		Last name:	
			yes no First name:		Last name:	
Other petiti	on:					
					Last name:	

CLAIM OF ACTUAL INNOCENCE

Do you claim to be actually innocent of the crime for which you were convicted? "Actually innocent" means you did not commit or participate in the crime.

yes no

If no, please skip to the next page.

If yes, please describe in the space below the new evidence that supports your claim that you are innocent of the crime for which you were convicted. Please discuss only the evidence that was NOT introduced during the trial or hearing that led to your conviction. Be specific: identify the new evidence clearly and explain how it shows that you are innocent. Please note that your answer is not privileged in any way.

Please include any documents, filings, or evidence that supports your claim. <u>Please do not include original copies</u>. NOTHING ATTACHED TO THIS APPLICATION WILL BE RETURNED AFTER IT HAS BEEN REVIEWED.

EVIDENCE WITHHELD

Do you claim that the prosecution failed to give your defense team evidence that was favorable to you?

yes

no

If yes, please use the space below to describe the evidence or information you believe was not provided. How did you become aware of this evidence? Please provide a letter or affidavit from your trial attorney verifying that the prosecutor failed to disclose this evidence or information. Please explain why you believe it was not turned over.

Please include any documents, filings, or evidence that supports your claim. <u>Please do not include original copies</u>. NOTHING ATTACHED TO THIS APPLICATION WILL BE RETURNED AFTER IT HAS BEEN REVIEWED.