

Jackson County Prosecutor's Office Conviction Integrity Unit

APPLICATION FOR CONVICTION REVIEW

The Conviction Integrity Unit (CIU) of the Jackson County Prosecuting Attorney's Office investigates only claims of actual innocence and has complete discretion to deny a request for conviction review. The CIU will not consider requests for resentencing.

The decision to review and further investigate a claim cannot be inferred as an acceptance of the validity of the alleged innocence claim.

The Conviction Integrity Unit does not act as legal counsel to any person whose case is being investigated. Please consult with an attorney before submitting an application if you need assistance or have any questions regarding anything contained in this application.

Requirements: In order to qualify for a conviction review by the Jackson County Prosecuting Attorney's Office, the case and applicant must meet the following criteria:

- a. The conviction must have occurred in Jackson County Circuit Court;
- b. Applicant must be in custody, serving time on the sentence for which he/she was convicted;
- c. The conviction must be for a violent and/or serious felony as defined by Penal Code sections 6667.5(c) and 1192.7(c); and
- d. The application for review must be based on new and credible evidence of innocence which must not have been known at the time of conviction.

Please note:

- **If the applicant is currently represented by counsel, all communications with Conviction Review Unit must be made through the defendant's attorney.**
- **The CRU is not reviewing lawful sentences. The CIU is not reviewing affirmative defenses, claims or information/evidence that were previously considered and litigated before the original finder of fact (judge or jury). For example, we will not review cases of self-defense, or consent versus rape.**

Please provide the required information and complete this form in its entirety for review of your conviction. If the person completing this application is not the applicant, please indicate that in the Applicant's Representative section. You may attach exhibits or documents to this application to assist the Conviction Integrity Unit's examination of your request. Do not send original documents or your only copy of any documents.

Applicant Information:

Applicant's name, date of birth, SSN, and contact information:

Applicant's representative's name, contact information and your relationship to the convicted defendant:

Current Attorney (if an attorney is assisting with this Conviction Review Request) and contact information:

Correctional facility where applicant is housed:

CDCR No./ Booking No.:

Jackson County Circuit Court No.:

List the convicted crimes:

Date of Conviction:

Date of Sentencing:

Sentencing received:

Expected release date:

Case Information:

How was the person convicted (please circle answer)?

- a. Jury Trial
- b. Judge Trial
- c. Guilty Plea
- d. No Contest Plea

Name and division of the court where the applicant was convicted and sentenced:

Defense Attorney at trial:

Defense Attorney at appeal:

Name(s) of any attorney(s) that represented the applicant on any state or federal petitions after the appeal (for example, Writ of Habeas Corpus):

Name of court(s), types of petition(s) and docket number(s) for any state or federal petitions, filed on behalf of the applicant after the appeal, that have been heard or are pending:

Is the conviction currently being challenged on appeal?

Is there a habeas corpus petition currently pending before a court?

Has a habeas corpus petition ever been filed regarding the conviction?

Has the applicant filed a motion to be re-sentenced?

Did the person who was convicted give a statement to law enforcement when arrested?

If there was a trial, did the person who was convicted testify in the trial?

Was DNA used to convict applicant? If so, describe.

New Evidence:

What new evidence exists that was not known at the time of trial? Please provide current contact information for any witnesses or individuals who have knowledge of that evidence.

Please state the reason(s) the conviction should be reviewed.

Has applicant contacted any organization including, but not limited to, the Innocence Project or the ACLU? If so, please describe:

Do we have permission to discuss your claim of innocence with the Innocence Project or any above named organization?

If this request is being submitted by someone other than the convicted defendant, please attach the written consent of the convicted defendant to this request.

If submitted by the convicted defendant, please sign below:

Signature of Applicant

Date

Type or Print Applicant's Name

Return the completed application which includes the initialed notifications page and all other relevant information to the following address:

Jackson County Prosecuting Attorney
Conviction Integrity Unit
415 E. 12th Street, 11th floor
Kansas City, Missouri 64106

IMPORTANT – NOTIFICATIONS

Required

Please initial beside each statement you accept and understand:

_____ The Conviction Integrity Unit is a program of the Jackson County Prosecutor’s Office. They are not defense lawyers. They do not provide legal advice.

_____ I understand I am providing information to a prosecutor’s office and that any statements here are provided voluntarily.

_____ I understand my statements on this Application can be used against me if I have lied or provided false information.

_____ I understand there are criminal penalties for knowingly making false statements in an Application like this.

_____ I am not currently represented by an attorney or I am currently represented by an attorney but wish to submit this Application on my own after consulting with my attorney.

_____ No one has promised me anything to fill out and submit this Application.

_____ I understand the Conviction Integrity Unit reviews cases based on its own standards and my case may or may not be reviewed or investigated.

_____ I understand the Conviction Integrity Unit may contact any of the people or witnesses I have listed here to talk with them about my conviction.

_____ I submit this Application voluntarily knowing I am asking the prosecutor’s office to review and investigate my claim of innocence.

_____ The statements contained in this Application are true to the best of my knowledge.

Signature

Date

Printed Name