



1. Name of prosecutor submitting form: _____

2. Title of prosecutor submitting form : _____

3. Address: _____

4. Email Address: _____ 5. Phone Number: _____

6. Defendant's Last Name, First Name: _____

7. Defendant's date of birth (01/01/1111): _____ 8. CDCR number (If applicable): _____

9. Is the Defendant in custody? ☐ YES ☐ NO

10. Is the Defendant currently represented by an attorney? ☐ YES ☐ NO ☐ MAYBE

11. Name and contact information for attorney: _____

12. Defendant's Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to state

13. Race/Ethnicity (Census): ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Latino/a/x
☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Unknown ☐ Other _____

14. County Where Applicant was Prosecuted: _____

15. What is the court case number of the matter you would like PCJU to review (DA Number, Superior Court, or Court of Appeal Number): _____

16. Explain why you are requesting review of this case by the Office of the Attorney General, with details of any potential conflicts or resource issues: _____

17. Describe the charge(s) you would like PCJU to review: _____

18. Describe why the conviction should be reviewed: _____

19. Check any concerns that may apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Police Interview of Applicant | <input type="checkbox"/> Scientific Technique | <input type="checkbox"/> Defense Attorney Conduct |
| <input type="checkbox"/> Eye-Witness Identification or Procedure | <input type="checkbox"/> Cause of Death | <input type="checkbox"/> Judicial Conduct |
| <input type="checkbox"/> False Evidence | <input type="checkbox"/> Witness Testimony | <input type="checkbox"/> Jury Conduct |
| <input type="checkbox"/> Evidence of Innocence | <input type="checkbox"/> Racial, Ethnic, or Nationality Bias | <input type="checkbox"/> DNA or other scientific Testing |
| <input type="checkbox"/> New Evidence | <input type="checkbox"/> Prosecutor Conduct | <input type="checkbox"/> Other |

20. Explain in detail why you have concerns about any box checked in answer 19:

21. Today's Date: _____

22. ☐ I am the elected District Attorney (Use Option 1) ☐ I am not the elected District Attorney (Use Option 2)

Option 1: Authorization and Signature of the District Attorney. I authorize the referral of this case to the Attorney General's Post Conviction Justice Unit (PCJU) and upon the acceptance of the case, I assign all rights and responsibilities for handling the case as are required by law, including authorization to investigate, exonerate and vacate charges, or engage in resentencing pursuant to Penal Code section 1172.1, in accordance with their conviction review or resentencing protocols. Further, I agree to assist PCJU in accessing available records and information in the possession of our agency which are necessary to the conviction review investigation, to include access to confidential files with an agreement that such confidentiality will be maintained except where required to be disclosed by law or court order.

Option 2: I attest that this application has been made with the consent of the elected District Attorney in my jurisdiction. Further, I understand that the information in this application may be shared with the Defendant, Defendant's Legal Representative, Law Enforcement Agents who may have investigated the case or whose assistance is required for review, the original prosecutor, the Court, and others as required by law or for purposes of furthering the review or any subsequent investigation.

☐ Yes, I understand and agree to these disclosures.

☐ I do not agree. (WARNING: If you send this document, disclosures mandated by law or necessary to an investigation **will still be made.**)

Additional Comments:

23. Electronic Signature: