



POST-CONVICTION JUSTICE UNIT

APPLICANT REQUEST TO REVIEW CONVICTION

NOTICE: Submission of this form does not guarantee a review of any case by the Department of Justice (DOJ). Cases will be screened for acceptance based on published criteria and available resources. You will be notified in writing if this case has been approved for acceptance. Please note that, depending on the number of applications, the initial screening may take several weeks or months. Please do not send additional materials unless requested to do so in writing.

1. Name of Attorney, Individual, or Organization submitting form for the person seeking conviction review, hereafter "Applicant". If you are applying on your own behalf, enter your own name:

2. Mailing address (For person filling out this form):

3. Phone number (For person filling out this form): _____

4. Email address (For person filling out this form): _____

5. Would the Applicant prefer to communicate in a language other than English? _____

6. Describe your relationship to the Applicant

☐ I am the Applicant seeking review of my conviction

☐ I am a licensed attorney in California, representing the Applicant

☐ The Applicant has applied for representation with my Agency or Organization

☐ Family Member, Friend, or Associate

7. Is the Applicant currently represented by an attorney? ☐ YES ☐ NO ☐ MAYBE

8. Name and contact information attorney currently representing Applicant (Unless provided above)

9. Has the Applicant consented to this request for review? ☐ YES ☐ NO

10. Applicant's Last Name, First Name: _____

11. Applicant's date of birth (01/01/1111): _____

12. Is the Applicant in custody? ☐ YES ☐ NO

13. Applicant's CDCR number (If applicable): _____

14. Applicant's current mailing address:

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

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

17. County Where Applicant was Prosecuted: _____

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

19. Describe Applicant's most serious conviction or charge:

20. Describe in simple terms why you are asking for review of the conviction:

21. 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 |

22. Explain in detail why you have concerns about any box checked in answer 21:

23. Today's Date: _____

24. By submitting this application, I understand that I consent to being contacted by the Office of the Attorney General and that the information in this application may be shared with the Applicant, Applicant's Legal Representative, Law Enforcement Agents who may have investigated the case or whose assistance is required for review, the Original Prosecuting Agency, the Court, and 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:

25. Electronic Signature: