



George Gascón  
District Attorney

## CONVICTION REVIEW REQUEST FORM

The San Francisco District Attorney (SFDA) will review a person's criminal conviction if there is a colorable claim of factual innocence based on newly discovered evidence. The decision to investigate and the scope of any investigation is up to the SFDA's sole discretion. If the SFDA determines a person was wrongfully convicted, the SFDA may take appropriate remedial action.

### INSTRUCTIONS – PLEASE READ CAREFULLY

If you would like to request review of a conviction, either yours or someone else's, please fill out the form below and submit it to the SFDA's Independent Investigations Bureau. The SFDA will consider a request from any source; the person submitting this form need not be the person convicted. For simplicity's sake, "You" and "Your" on this form refers to the convicted person, unless otherwise indicated.

You must have been convicted **in San Francisco, California** and you must have newly discovered evidence of factual innocence of the convicted crime for the SFDA to consider reviewing your conviction.

The SFDA is not your attorney, and a decision by the SFDA to review your conviction does not create an attorney-client relationship between you and the SFDA. The SFDA encourages you to find an attorney of your own and welcomes any communication from your lawyer that might be helpful to your case.

All information you provide will become part of the investigative file. If you attach documents, please send copies only and keep a copy for yourself. Do not send the SFDA original documents with this form.

**You must complete the following information for the SFDA to consider your request:**

1. Your name (or the convicted person's name if that is not you): \_\_\_\_\_

2. If someone other than the convicted person is filling out this form, give us your name and relationship to the convicted person:

\_\_\_\_\_

3. Your (convicted person's) date of birth: \_\_\_\_\_

4. Are you currently incarcerated? **Yes/No** (please circle)

If yes, provide your:

a. CDC Number: \_\_\_\_\_

b. Prison where housed: \_\_\_\_\_

c. Cell Location: \_\_\_\_\_

d. Address: \_\_\_\_\_

5. San Francisco County Superior Court Case Number: \_\_\_\_\_

6. Penal Code section of the crime(s) of conviction: \_\_\_\_\_

7. Date convicted: \_\_\_\_\_

8. Sentence received: \_\_\_\_\_

9. Name, phone number, email and address of attorney who represented you at time of conviction (or, if you had no attorney, indicate you were self-represented):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. How were you convicted? Please circle below:

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

11. Post-trial:

a. Is the conviction currently being challenged on appeal? \_\_\_\_\_

b. Has there ever been an appeal of your conviction? If yes, please provide the appellate court case number(s) and status of the appeal.

\_\_\_\_\_  
\_\_\_\_\_

c. Has a habeas corpus petition ever been filed regarding the conviction? If yes, please provide the habeas corpus petition court docket number(s) and status of the habeas petition.

\_\_\_\_\_  
\_\_\_\_\_

d. Is there a habeas corpus petition currently pending before a court? \_\_\_\_\_

12. If your answer to any part of question 11 is, yes, provide:

a. The name(s), phone number(s), email(s) and address(es) of the attorney(s) representing you on each of these appellate or habeas matters.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Describe your claim of innocence. Please attach additional pages if you need extra space:

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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

14. What new evidence, if any, exists to support this claim? Please attach additional pages if you need extra space:

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15. List any biological evidence in your case (e.g. blood, semen/sperm from rape kit). Was this evidence from the victim or perpetrator?

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16. Has any of this biological evidence been tested? If so, what was the result of testing? Was this evidence presented at trial?

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17. Did you confess to this crime? If so, when and why?

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18. Did you plead guilty to this crime? If so, why?

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19. Is there any other reason that your conviction should be reviewed?

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20. If this request is by someone other than the person convicted, please state (1) your relationship to that person, and (2) whether you obtained the consent of the person convicted to file this request:

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21. Would you be willing to submit to a DNA test? Please circle below:

**Yes / No**

Once completed, mail or email this questionnaire and attached copies of documents to:

San Francisco District Attorney's Office  
Independent Investigations Bureau – Conviction Review  
850 Bryant Street, Room 322  
San Francisco, CA 94103  
sfda-iib@sfgov.org