

Conviction Review Request Form

The Innocence Commission (IC) may review a convicted person’s (hereafter “Applicant’s) criminal conviction if there is a plausible claim of factual innocence and/or wrongful conviction. The decision to investigate and the scope of any investigation is within the IC’s sole discretion. If the IC determines a person was wrongfully convicted and/or is factually innocent, the IC may recommend that the DA take appropriate remedial action. Any remedial action to be taken is in the sole discretion of the San Francisco District Attorney.

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 by mail to: [San Francisco District Attorney’s Office, Attention: Innocence Commission, 350 Rhode Island Street, Suite 400N, San Francisco, CA 94103](mailto:SFDA.InnocenceCommission@sfgov.org) or email to [SFDA.InnocenceCommission@sfgov.org](mailto:SFDA.InnocenceCommission@sfgov.org). The SFDA’s office will consider a request from any source; the person submitting this form need not be the person convicted. The terms “you” and “your” and “Applicant” refer to the convicted person.

Please note that you must have been convicted in the City and County of San Francisco, California. Before the IC will review your case, you must make an initial showing that there is a plausible claim that you are factually innocent and/or were wrongfully convicted. Based on this showing, the IC may decide to conduct a full review of your case, and you must then show that there is a reasonable probability that you are factually innocent and/or were wrongfully convicted.

The SFDA is not your attorney, and a decision by the SFDA and/or the IC to review your conviction does not create an attorney-client relationship between you and the SFDA/IC. You are encouraged to find an attorney of your own and the SFDA/IC welcomes any communication from your lawyer that might be helpful to your case. However, you may still submit your application for review even if you are not represented by an attorney.

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

**Part I: Basic Information**

1. Applicant Name (If someone other than the convicted person is filling out the form, give us your name, and relationship to the convicted person):

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2. CDC Number:

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3. Social Security Number:

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4. Date of Birth:

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5. Is the Applicant currently incarcerated? YES OR NO Current Correctional Facility/Cell Location/Address: \_\_\_\_\_

6. Applicant's Closest Living Relative (include person's name and relationship to Applicant):  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you have any documents that relate to the criminal case? (trial transcripts, appellate documents, police reports, etc.) If so, please list all documents you have. If your documents are not in your possession, provide the person's name who has them, their relationship to you, contact information, and list which documents they have below:

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

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**Part II: Conviction & Sentence**

8. Superior Court Case Number:  
\_\_\_\_\_

9. Age at time of Arrest:  
\_\_\_\_\_

10. Date of Conviction:  
\_\_\_\_\_

11. County of conviction (jurisdiction):  
\_\_\_\_\_

12. Investigating Agency (e.g., SFPD, Sheriff's Dept.)  
\_\_\_\_\_

13. List all of the crimes charged in the case.  
\_\_\_\_\_

14. List all of the crimes of conviction (include the penal code section numbers for each charge) and how were you convicted (Jury Trial, Bench Trial, Guilty Plea, No Contest Plea) :

\_\_\_\_\_

15. List all of the sentencing enhancements found true .  
\_\_\_\_\_  
\_\_\_\_\_

16. What sentence did the Applicant receive?

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17. Have you filed a discovery motion pursuant to Penal Code Section 1054.9?      **Yes**      **No**  
If **YES**, please explain:

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18. Was the Applicant involved at all in the crime(s) of conviction?      **Yes**      **No**  
If **YES**, please explain:

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19. Is this a claim of factual innocence of all the convicted charges?      **Yes**      **No**  
If **NO**, please explain (of which crimes was the Applicant rightfully convicted and/or did commit, etc):

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20. Is the Applicant eligible for parole?      **Yes**      **No**  
If **YES**, when? \_\_\_\_\_

**Part III. Post-trial**

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

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

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

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.

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**Part III: Unrelated Charges**

21. Please List Prior Convictions (include any juvenile convictions, date of any and all convictions, the jurisdiction, and sentence): \_\_\_\_\_

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22. Please list any pending charges (include the jurisdiction for each charge): \_\_\_\_\_

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23. Has the Applicant ever been disciplined while in custody?                      **Yes**                      **No**

If **YES**, please indicate what you were disciplined for and how many times you were disciplined:

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**Part IV: Attorney Information**

**Pre-Trial Defense Attorney**

Name/cell phone/email:

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**Prosecutor**

Name: \_\_\_\_\_

**Trial Defense Attorney**

Name/cell phone/email:

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**Appellate Attorney**

Name/cell phone/email:

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**State Habeas Attorney**

Name/cell phone/email:

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**Federal Habeas Attorney**

Name/cell phone/email:

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**Part V: Individuals with Information about the Crime**

24. Name:

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Address: \_\_\_\_\_

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Cell Number/Email: \_\_\_\_\_

Your Relationship to the Individual: \_\_\_\_\_

Information they may provide: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Cell Phone Number/Email: \_\_\_\_\_

Your Relationship to the Individual: \_\_\_\_\_

Information they may provide: \_\_\_\_\_

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**Part VI: Case Information**

25. Date of the alleged crime:

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26. Location of the alleged crime:

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27. Names of the alleged victim(s) :

a)

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b)

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c)

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d)

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28. Race(s) of alleged victims:

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29. Race of alleged perpetrator (and Applicant's race, if different from that of the alleged perpetrator):

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30. Name(s) of police officer(s) who investigated the crime:

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31. Did the Applicant make any statements to the police before, after, or both before and after the

Applicant's arrest?

**Before**

**After**

**Both**

a) Were the statements recorded?

**Yes**

**No**

i) If **YES**, were they recorded on video or audio?

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b) Were the statements written down?

**Yes**

**No**

i) If **YES**, who wrote the statements?

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Any other circumstances about the giving of the statement(s) that you would like to share?

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32. What was the content of the statements?

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33. Who identified the Applicant as the alleged perpetrator (victim or another witness)?

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a) Indicate who provided an identification and what type of identification was given (ex. lineup, show-up, photo identification) \_\_\_\_\_

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34. Did this person testify at trial?      **Yes**      **No**

35. Did the Applicant confess to the crime?      **Yes**      **No**

36. If **YES**, was the confession used at trial?      **Yes**      **No**

37. Please provide us with your own statement of facts regarding the crime of conviction (including who, what, where, when, why, how). Please explain why you believe the Applicant was wrongfully convicted, if applicable (ex. mistaken identity, false confession, etc.) **Please also explain where the Applicant was at the time of the crime and whether or not he or she was in any way involved.** Attach additional pages if necessary.

38. Is there any new evidence that you are aware of that supports your claim(s)?

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

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

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

**END OF APPLICATION**