



LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE
POST-CONVICTION LITIGATION AND DISCOVERY DIVISION
CONVICTION REVIEW UNIT

Claim No. _____
(To be supplied by the DA's Office)

CONVICTION REVIEW REQUEST

INSTRUCTIONS – READ CAREFULLY

The Los Angeles County District Attorney's Office may review, upon request, certain felony convictions that occurred in Los Angeles County. This questionnaire is considered a person's request to have such a conviction reviewed.

IF THE MATTER YOU WANT REVIEWED DID NOT RESULT IN A CONVICTION, STOP HERE. YOU DO NOT NEED TO GO FURTHER. MATTERS THAT DO NOT RESULT IN A CONVICTION WILL NOT BE REVIEWED.

IF THE CONVICTION YOU WANT REVIEWED IS NOT A FELONY, STOP HERE. YOU DO NOT NEED TO GO FURTHER. MISDEMEANOR CONVICTIONS AND INFRACTIONS WILL NOT BE REVIEWED.

IF THE CONVICTION YOU WANT REVIEWED OCCURRED IN ANOTHER COUNTY, STOP HERE. YOU DO NOT NEED TO GO FURTHER. CONVICTIONS THAT OCCUR OUTSIDE OF LOS ANGELES COUNTY WILL NOT BE REVIEWED.

Once completed, mail this questionnaire and attached documents to:

Los Angeles County District Attorney's Office
Conviction Review Unit
211 West Temple Street
Room #1255
Los Angeles, CA 90012

Or email the completed questionnaire and attached documents to CRU@da.lacounty.gov.

The following information is required for the Conviction Review Unit of the Los Angeles County District Attorney's Office to consider your request and determine whether the conviction will be reviewed:

1. Convicted person's name: _____
2. Convicted person's date of birth: _____

3. Is the convicted person incarcerated? Yes No

4. If presently incarcerated, please provide the following information:

a. CDC Number: _____

b. Prison where incarcerated: _____

c. Cell Location: _____

d. P.O. Box: _____

e. City, State, Zip: _____

5. Name and location of the court where the person was convicted and sentenced:

6. Los Angeles County Superior Court Case Number: _____

7. Provide the Penal Code section of the crime(s) the person was convicted of:

8. Date convicted: _____

9. Date sentenced: _____

10. Sentence received: _____

11. Expected release date: _____

12. How was the person convicted?

a. Jury Trial

b. Court Trial

c. Guilty Plea

d. No Contest Plea

13. Is the conviction currently being challenged on appeal? Yes No

14. Is there a habeas corpus petition currently pending before a court? Yes No

15. Has a habeas corpus petition ever been filed regarding the conviction? Yes No

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

Yes No

17. If there was a trial, did the person who was convicted testify in the trial? Yes No

18. What new evidence, if any, exists that was not known at the time of trial? If you need extra space, you may attach additional pages to this request.

19. Please state the reason(s) the conviction should be reviewed. If you need extra space, you may attach additional pages to this request.

20. You may attach exhibits or documents to this questionnaire to assist the Conviction Review Unit's examination of your request.

21. If this request is being submitted by someone other than the person convicted, please state your relationship to the person convicted:

22. If this request is being submitted by someone other than the person convicted, have you obtained the written consent of the person convicted to file this request?

Yes No

23. Please provide your name, address, phone number and email address so that we may contact you:

Date:

Signature of Claimant

Type / Handwrite name

Once this questionnaire is received by the Los Angeles County District Attorney's Office, you will be contacted and informed of the status of your request.