



## **Conviction Review Request Form**

Mail to: Los Angeles County District Attorney's Office  
Conviction Integrity Unit  
211 West Temple Street, Room 1255  
Los Angeles, California 90012  
Email to: CIU@da.lacounty.gov

Claim No. \_\_\_\_\_  
*(To be supplied by the DA's Office)*

1. Convicted person's name:
2. Convicted person's date of birth (MM/DD/YYYY):
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), including any enhancements/allegations, 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 convicted person ever give a statement to law enforcement when arrested?
- Yes  No
17. If there was a trial, did the convicted person testify in the trial?
- Yes  No
18. Please state the reason(s) the conviction should be reviewed. If you need extra space, you may attach additional pages to this request.

19. Please state if there is new evidence (not known at the time of trial) relevant to the conviction. If you need extra space, you may attach additional pages to this request.

20. You may attach copies of exhibits or documents to this questionnaire to assist the Conviction Integrity Unit's examination of your request. **Please retain all original documentary evidence for your records.**

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

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

Yes  No

23. Please provide the information below so we may contact you.

Submitter's full name:

Telephone number:

Address (Number, Street, City, State, and Zip code):

Email:

If attorney, State Bar #:

**Date:**

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**Signature of claimant**

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**Type/print name**

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