





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

- . 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

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

Complainant's Full Name:

Telephone Number:

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

Email:

Date:

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Type/Handwrite 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.