ORANGE COUNTY
DISTRICT ATTORNEY'S OFFICE
CONVICTION INTEGRITY UNIT

CASE REVIEW INTAKE FORM

OCDA reviews claims of factual innocence and/or wrongful conviction[1] if the conviction occurred in Orange County. A defendant or attorney seeking to have a conviction reviewed should complete this Conviction Integrity Intake Form and submit it to the OCDA. For more information concerning the OCDA Conviction Integrity Unit (CIU) and its case review policy, please call 714-834-3467 or visit http://www.orangecountyda.org/ciu. **Please submit completed forms via email to ciu@ocdapa.org or send by regular mail to:**

Conviction Integrity Unit
Orange County District Attorney's Office
P.O. Box 808
Santa Ana, California, 92702

Who is submitting this form? **Pro Per Applicant** ☐ **Attorney** ☐ **Other** ☐

If Other, please specify: _____

Applicant (Defendant) Full Name: _____

Date of Birth: _____

CDCR/Inmate Number: _____

Contact Information (facility name & address if inmate; name, address, telephone number & email address if attorney or other person):

_____

Date of Conviction: _____

Case Number: _____

Charges/Crimes (specific statutes or names of offenses):_____

Guilt by **Plea** ☐ **or Verdict** ☐

Sentence received (# of months / years): _____

Are there any pending appeals, Habeas Corpus or other post-conviction proceedings currently in progress on this case? **Yes** ☐ **No** ☐

If Yes, please provide details such as court, case number, appellate attorney, etc.:

1. Wrongful Conviction includes cases involving potential violations of the Sixth and Fourteenth Amendments to the United States Constitution inclusive of *Brady* violations.

Is applicant currently incarcerated on the case referenced above?

Yes ☐ **No** ☐

Did the underlying conviction on the case occur in Orange County Superior Court?

Yes ☐ **No** ☐

Is applicant claiming factual innocence (i.e., applicant is actually innocent of the charge(s)) and/or was wrongfully convicted, and not seeking review for some other reason? Please note that OCDA does not review defendant/attorney-initiated requests for re-sentencing pursuant to Penal Code sec. 1170(d).

Yes ☐ **No** ☐

Is applicant able to present new, credible and material evidence that was not presented to the jury or was unknown to the defense at time of plea or verdict?

Yes ☐ **No** ☐

Does applicant agree to fully cooperate with law enforcement in the investigation, if any?

Yes ☐ **No** ☐

Please state all the reasons you are claiming factual innocence and/or wrongful conviction and why the conviction should be reviewed (attach additional pages if necessary):

Please list any new, credible and material evidence you have that was not presented to the jury or was unknown to you or your attorney at the time of disposition (attach additional pages if necessary):

You may attach additional documents, copies of exhibits, etc. to this form if you think it would be helpful in reviewing your case. Do not submit originals of any documents (copies only).

I certify that the information contained on this form is true and accurate to the best of my knowledge and belief:

Print Name: _____

Signature: _____ Date:_____

FOR ATTORNEY / OTHER USE ONLY

Are you the attorney of record for the applicant?

Yes ☐ **No** ☐

Do you have authorization from the applicant to submit this form on his/her behalf?

Yes ☐ **No** ☐