



**United States Attorney's Office
for the Southern District of New York
Conviction Integrity Committee**

**APPLICATION TO BE COMPLETED BY PROSECUTOR OFFICE SEEKING
INFORMATION FROM THE SOUTHERN DISTRICT OF NEW YORK
RELATING TO CONVICTIONS UNDER REVIEW IN THEIR JURISDICTIONS**

REQUESTING PROSECUTOR'S NAME AND OFFICE:

REQUESTING PROSECUTOR'S CONTACT INFORMATION:

NAME OF DEFENDANT:

DATE OF BIRTH:

INMATE NUMBER:

COURT AND COUNTY/DISTRICT OF CONVICTION(S):

DATE OF CONVICTION(S):

CASE NUMBER OF CONVICTION TO BE REVIEWED:

Please return this application to:

UNITED STATES ATTORNEY'S OFFICE, SOUTHERN DISTRICT OF NEW YORK
ATTN: CONVICTION INTEGRITY COMMITTEE
C/O CHIEF OF THE CRIMINAL DIVISION
ONE ST. ANDREWS PLAZA
NEW YORK, NEW YORK 10007

8. Has your office's Post-Conviction Unit made a determination as to whether there is a credible claim of actual innocence or wrongful conviction? If yes, what is the determination? If no, what is the status of the review?

9. What information do you believe to be in this Office's possession that could help determine whether there is a credible claim of actual innocence or wrongful conviction?

10. Please provide us with any other information you think it is important for us to know.