



## CONVICTION INTEGRITY REVIEW APPLICATION

**DISTRICT ATTORNEY'S OFFICE OF CHESTER COUNTY**  
**201 WEST MARKET ST., SUITE 4450**  
**P.O. BOX 2746**  
**WEST CHESTER, PA 19380-0989**  
**TELEPHONE: (610) 344-6801**  
**FAX: (610) 344-5905**

Complete this form to apply for Conviction Integrity Review. Be sure to include copies of any documents supporting the claim. **Do not send original documents.**

**EMAIL:** DA-CIR@chesco.org

**MAIL:** Chester County District Attorney's Office  
Conviction Integrity Review  
201 West Market St., Suite 4450  
P.O. Box 2746  
West Chester, PA 19380

**The Conviction Integrity Review Attorney (CIRA) only accepts cases for review where the following apply:**

1. Felony conviction in Chester County.
2. A credible claim of actual innocence.
3. The claim must be supported by information/evidence not previously part of the original trial or appeals.
4. The applicant is incarcerated on the conviction in question.

**Keep in mind:** The CIRA is **NOT** reviewing lawful sentences, affirmative defenses, or information/evidence previously considered and litigated before the original jury or judge.

### ATTORNEY INFORMATION

\_\_\_\_\_  
NAME

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
FAX NUMBER

**BOTH ATTORNEY and APPLICANT must initial each statement below:**

\_\_\_\_\_      \_\_\_\_\_      Requesting review of your case by our office will not toll the time you have to pursue post-conviction remedies, such as filing an appeal or post-conviction motion. You need to pursue those remedies separately.

\_\_\_\_\_      \_\_\_\_\_      Acknowledgement of receipt of this application by the CIRA does not indicate acceptance of the case for investigation, nor does it imply acceptance of the validity of the claim of innocence.

\_\_\_\_\_      \_\_\_\_\_      The CIRA cannot give legal advice and no applicable privilege, including but not limited to, the attorney-client privilege, applies to information provided.

\_\_\_\_\_      \_\_\_\_\_      Any false statements herein can be used against me.

\_\_\_\_\_      \_\_\_\_\_      The CIRA will only communicate with the attorney submitting this application.

\_\_\_\_\_      \_\_\_\_\_      The CIRA reviews cases based on its own standards.

\_\_\_\_\_      \_\_\_\_\_      The CIRA may contact any of the people or witnesses listed in this application.

\_\_\_\_\_      \_\_\_\_\_      I give my attorney, former attorneys, and any agency that has been contacted regarding my claim of innocence permission to share all information from their files with the CIRA.

\_\_\_\_\_      \_\_\_\_\_      I waive any attorney-client privilege.

**APPLICANT INFORMATION**

Is the applicant a U.S. Citizen?     YES     NO

Is the applicant still serving a sentence in prison from this conviction?     YES     NO

**If "NO" the conviction does NOT meet the criteria for review.**

_____		_____	_____	
NAME		DOC NUMBER	DATE OF BIRTH	
_____		_____	_____	_____
STREET ADDRESS		CITY	STATE	ZIP CODE
_____		_____		
CASE NUMBER		CHARGES ON CONVICTION(S)		
_____		_____		
DATE OF OFFENSE AND ARREST		ORIGINAL SENTENCE		
_____		_____		
TRIAL ATTORNEY		SENTENCING JUDGE AND JURISDICTION		

**CASE INFORMATION**

List all the Attorney(s) who have previously represented the applicant:

Check every box that applies:

- Conviction occurred in Chester County, Pennsylvania.
- Direct appeal was denied and there is no pending litigation.  
Date direct appeal was denied:
- Applicant had no role in the crime convicted of.
- Applicant did some but not all of what convicted of.
- Applicant suffers from a medically diagnosed condition affecting competency that existed at the time the crime was committed. **MEDICAL RECORDS MUST BE ATTACHED.**
- Applicant did something illegal under duress.
- Conviction by jury or judge.

**Prior Post-Conviction Appeals**

Have any post-conviction motions been filed before in this case?  YES  NO

If YES, provide case information:

**Prior DNA Testing**

Was DNA evidence used at trial?  YES  NO  
If YES, was it by:  Commonwealth  Defense

**Contact with Innocence Organizations**

Has contact been made with Pennsylvania Innocence Project about this case?  YES  NO

If YES, are they currently investigating?  YES  NO

Has any other innocence organization/project been contacted about this case?  YES  NO

If YES, which organization(s)?

## New Evidence or Evidence of Innocence

Check every box you believe applies.

- Applicant was not at the crime scene and has an alibi.
- New evidence proves innocence that was not available at trial or entry of plea.
- Expert testimony presented at trial has been discredited. ATTACH DOCUMENTS PROVING SAME.
- DNA evidence exists that has never been tested.
- Scientific evidence that was presented has been discredited.  
State type of scientific evidence in question:

- The arresting officer or an officer that presented testimony was arrested.  
Name of officer and badge number:

- A witness/informant who testified has recanted or changed their testimony.  
Explain details of recantation or testimony change:

### Information about Other Evidence

Check every box you believe applies.

- Applicant testified at trial.
- Police claimed a confession was given but applicant denies.
- Allegation of coerced confession.
- Eyewitness or victim identification occurred in the following manner:
  - In person show-up.
  - Photo array or photo lineup.
  - Live lineup.
  - In court only.
- The witness or informant who testified lied.
- The witness or informant who testified was cooperating with the Commonwealth and was not disclosed.

Explain details of cooperation and how discovered:

## **Information about New Evidence and Innocence**

Explain the basis for innocence in detail.

Provide location of applicant on the date of the crime and arrest.

List the names and phone numbers of witnesses or alibis, or any other person with relevant information, and any other person who should be contacted supporting the claim.

Provide any new information about the case that was not known at the time of conviction.

**FOR REVIEW OF THIS APPLICATION PLEASE EXECUTE AND DATE.**

**By signing below:**

- 1. I verify the information provided is true and accurate to the best of my knowledge and I may be held liable for any unsworn falsification provided herein pursuant to 18 Pa.C.S. § 4904;**
- 2. I fully understand the terms and conditions contained in the application after consulting with my Attorney; and**
- 3. I give my attorney consent to file this application on my behalf.**

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ATTORNEY FOR APPLICANT

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DATE

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APPLICANT

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DATE