

Conviction Integrity Unit



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[✉ MCPO-CIU@indy.gov](mailto:MCPO-CIU@indy.gov)

CONVICTION INTEGRITY UNIT APPLICATION

CIU will accept any writing/letter that provides the necessary information, however applicants are encouraged to use the CIU application.

Please try to provide all the information requested by this application. However, if you do not know the answers to all the questions or some questions do not apply, please just fill out to the best of your ability. Please type your answers or print them legibly in ink. If the space provided is not enough, please place your answers on a separate page and attach to this application. The application will not be returned to you.

This application is not intended to convey legal advice. Additionally, any person who completes and submits this application should recognize that he or she has the right not to provide information to an agency of government about a criminal matter. By submitting this application, you acknowledge that any information you provide in this application is given voluntarily and that no promise or inducement has been conveyed to you, and you are providing information of your own free will.

The attorneys in the Conviction Integrity Unit do not represent any applicant and review by the CIU does not in any way create an attorney-client relationship or attorney-client confidentiality.

If you are represented by an attorney, you should discuss your case and the application with your attorney and have your attorney submit the application on your behalf. You may submit the application on your own, however prior to sending it to the CIU, please discuss your case, the application and any potentially privileged information with your attorney.

CIU STANDARD FOR REVIEW

The CIU will only accept cases for review where the following apply:

- You must have been convicted of a felony in Marion County, Indiana
AND
- You must present a plausible claim of innocence, including facts, circumstances or events, which are capable of being investigated and reviewed, which grossly corrupted the fact-finding process to substantially denied you a fair adjudication of your guilt.

Initial each statement below to show your understanding and agreement with the following:

_____ I know that the CIU's review is not a legal proceeding and does not change the deadlines you have to follow for other potential legal proceedings, such as an appeal, post-conviction relief or a habeas motion.

_____ I know that the CIU's acknowledgment that it received my Application does not mean they accept my case for review, that they will accept my case for review, and does not mean they accept my claim of innocence.

_____ I know the CIU does not represent me.

The CIU cannot provide legal advice. Please consult with an attorney before applying if you need assistance or have any questions regarding deadlines or anything contained in this application.

GENERAL CASE INFORMATION

Limit your answers to only information about the case for which you are applying for review

Applicant's Name: _____

Name of person submitting this application, if not applicant: _____

Cause Number (s) _____

Are you currently represented by an attorney? _____ Yes _____ No

If you are currently represented by an attorney, please provide the attorney's name and contact information:

Important: If you are currently represented by an attorney, the CIU will only communicate with your attorney. You should consult with your attorney prior to submitting your application; your attorney may want to wait to submit the application or submit the application on your behalf.

Date of Birth: ____/____/____ DOC #: _____

Race _____ Gender _____

Primary
Language: _____

English interpreter needed? _____ Yes _____ No

Current mailing address:

Are you currently incarcerated?

_____ Yes _____ No, on probation/community corrections

_____ No, on parole _____ No, sentence completed

Offense(s) of conviction:

How old were you on the date of the offense? _____

Date of offense(s): ____/____/____

Date of conviction: ____/____/____

Date of sentence: ____/____/____

Sentence(s): _____

Were you in custody while waiting for your case to be resolved? ☐ Yes ☐ No

How was the case resolved?

☐ Trial By Jury ☐ Bench/Judge Trial ☐ Guilty Plea

Were there co-defendant(s) in your case? ☐ Yes ☐ No

Name(s): _____

How were your co-defendant(s) case resolved: _____

What was the name of your attorney at trial/for your guilty plea? _____

Did you appeal your conviction? ☐ Yes ☐ No

Cause number(s) and attorney: _____

What was the outcome of your appeal? ☐ Affirmed ☐ Reversed & Remanded

☐ Pending ☐ Not Filed ☐ Other: _____

Did you file a petition for post conviction relief? ☐ Yes ☐ No

Cause number(s) and attorney: _____

What was the outcome of your appeal? ☐ Affirmed ☐ Reversed & Remanded

☐ Pending ☐ Not Filed ☐ Other: _____

Any other additional filings? _____

Have you filed a post-conviction motion for DNA testing? ☐ Yes ☐ No

What was the outcome and date of your motion? Date: ____/____/____

☐ Denied ☐ Granted ☐ Pending ☐ Not Filed ☐ Other: _____

Have you contacted any innocence organization about your case? ☐ Yes ☐ No

If yes, are you currently represented by an attorney from the organization, if so, name:

If yes, which organization(s) and when?

VICTIM INFORMATION

Name and Age of Victim(s):

Did you know or are you related to the victim(s)? ☐ Yes ☐ No

If so, please explain:

INVESTIGATION INFORMATION

Location where you were arrested:

Do you know if any other suspect was investigated in this case? If so, please list their names and any known contact information:

How did you learn about this other suspect?

Did you give a statement to the police, and if so, how was it documented?

☐ Verbal Statement Given ☐ Verbal Statement Recorded ☐ No Statement Given

☐ Written Statement Given ☐ Written Statement Recorded

Were there any eyewitnesses to the crime: ☐ Yes ☐ No

Did you know any of the eyewitnesses: ☐ Yes ☐ No

If so, how did you know the eyewitness(es):

Did the eyewitness(es) identify you to the police: ☐ Yes ☐ No

How did the eyewitness(es) identify you:

____ Line-up (in person) ____ Photo Array (6 photos on paper) ____ Show-Up

____ Photo Array (1 photo at a time) ____ Other _____

If you have copies of documents given to you by your trial attorney, such as police reports, medical records, affidavits, etc., list below what you possess but do not send them unless asked for them.

TRIAL INFORMATION

Please describe the prosecution theory that was presented at trial or during pre-trial preparations (if plead): (ex: the prosecutor believed that I robbed the victim with a handgun).

List the names of all witnesses who testified for the prosecution at your trial:

Did anyone testify that you confessed to or admitted involvement in the crime?

____ Yes ____ No

If yes, please explain:

If you testified, list the dates of all testimony, the type of trial or hearing, and the part of that proceeding (e.g., criminal trial - guilt/innocence phase; criminal trial - punishment phase; a civil deposition; hearing on a child custody/support, etc.):

Please describe the defensive theory that you or your attorney presented at trial:

List the names of all witnesses who testified for the defense at your trial:

What defense exhibits and/or evidence were admitted into the record during trial?

Was any defense exhibit or evidence not admitted at trial?

Did the prosecution use any of the following against you to convict you? Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Bitemark Analysis | <input type="checkbox"/> Microscopic Fiber or
Carpet Analysis | <input type="checkbox"/> Microscopic Hair
Comparison |
| <input type="checkbox"/> Bullet/Ballistic
Comparison | <input type="checkbox"/> Arson Science | <input type="checkbox"/> Fingerprints |
| <input type="checkbox"/> Blood Typing (AB, O, etc.) | <input type="checkbox"/> Serology | <input type="checkbox"/> DNA |
| <input type="checkbox"/> Jailhouse Informant | <input type="checkbox"/> Shaken-Baby Syndrome | <input type="checkbox"/> Gunshot Residue (GSR) |
| <input type="checkbox"/> Other: _____ | | |

If DNA – Date(s) when tested (approximate)_____

CLAIMS IN YOUR REQUEST FOR CIU REVIEW

What is the basis for your integrity review? (check all that apply and then explain in detail below.)

Innocence, **and** ...

- ☐ I have newly discovered evidence.
- ☐ My confession was coerced or false.
- ☐ A witness/informant has recanted or changed their testimony.
- ☐ I have an alibi.
- ☐ DNA material/evidence in my case was not tested.
- ☐ There is an issue with the scientific evidence or expert witness.
- ☐ A police officer in my case lied, committed misconduct, has been arrested or fired.
- ☐ Evidence or Brady information was withheld.
- ☐ The eyewitness(s) were mistaken and it can be proven they were wrong.
- ☐ Witness or informant in my case had a deal with the State that was not known at the time I was convicted.
- ☐ A witness in my case has substantial credibility issues.

Other:

ACTUAL INNOCENCE Actual Innocence means that you did not commit the offense at all or participate in it in any way. Please explain in detail, as defined, how you are actually innocent of the offense:

NEWLY DISCOVERED EVIDENCE New evidence is evidence that was either not known to you at the time of the trial or plea or not presented at the time of trial or plea. What new evidence, as defined, has been discovered in your case? How did you learn of this evidence? Was the evidence available at the time of your trial or guilty plea?

Please explain how this affects your case:

FALSE CONFESSION There are a number of factors that can lead to a false confession, including police coercion and other outside factors. If you falsely confessed to the crime, please explain why and how it can be shown at this point that your confession was false:

RECAANTATION OF TESTIMONY If a witness who testified against you has now recanted, tell us who and how you became aware of it. Did this person reach out to you or did you reach out to them? If a third person was involved, tell us who and how he or she came to be involved:

ALIBI INFORMATION If you have an alibi, please provide the specific details. Where were you? What were you doing? Who were you with? Include names and contact information for witnesses who can verify your whereabouts, as well your relationship to this witness? Is there any other evidence of an alibi, for example, at work, time card, date stamped receipts?

Was your alibi presented at trial?

____ Yes

____ No

DNA INFORMATION If DNA material was collected and/or tested in your case, what is your understanding of the results?

List any collected evidence or DNA material that has not been tested and how this affects your case:

SCIENTIFIC EVIDENCE/EXPERT TESTIMONY If experts testified at your trial, who were they and what is your understanding of their testimony? Do you believe that the evidence or testimony was wrong or presented inappropriate? Please explain.

If you have become aware of a new advancement in a scientific field of study that could affect your case, please explain:

POLICE OFFICER MISCONDUCT If you believe that a law enforcement agent associated with your case behaved inappropriately or in violation of your civil rights, please describe how so and when. If any of the law enforcement agents who participated in the investigation of your crime have been arrested or fired, what is that officer's name and what was the reason for the arrest or firing?

How does the above affect your case? _____

WITHHELD EVIDENCE OR BRADY INFORMATION If you claim the prosecution or police did not give your defense team certain evidence or Brady information (exculpatory, mitigating or impeachment evidence), please describe in detail the evidence or information that you believe was not provided:

How did you come to know of the existence of this unprovided evidence or information?

How does the unprovided evidence affect your case?

Can you provide a copy of a letter or an affidavit from your trial attorney verifying that this information was not turned over? ☐ Yes ☐ No

MISTAKEN EYEWITNESS Eye witness testimony can be mistaken as a result of a number of factors memory or vision problems, distance, length of time witness saw suspect, length of time between crime and identification, age, race, presence of a weapon, fear, etc. Are there any factors that you believe could prove the eyewitness was mistaken?

WITNESS DEAL If any witness was given a deal, such a plea agreement, case dismissal, assistance with probation violation, financial assistance, etc. and you did not know about it at the time of your trial or plea please explain what the deal was and how you learned about it.

How does the deal affect your case? _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

ACKNOWLEDGMENTS AND CONSENT

Initial each statement below to indicate your understanding and agreement.

___ I acknowledge that I have read the Instructions.

___ I understand that CIU is not my attorney. I will not receive legal advice, and my communication with CIU is not protected by attorney-client privilege.

___ I understand I am providing information to a prosecutor's office and that any statements here are provided voluntarily.

___ I understand that I have no right to a CIU review.

___ I understand the CIU reviews cases based on its own standards and my case may or may not be reviewed or investigated.

___ I understand that the CIU can decide at any time to deny my application or to stop the review.

___ I understand the CIU may contact any of the people or witnesses I have listed here to talk with them about my conviction.

___ I understand this is a process separate from any court proceeding, and as such there is no right of appeal from a decision by CIU.

___ I certify that all information in this review request is true and accurate, and I acknowledge that providing false information will result in a rejection of my review request.

___ I acknowledge that I have read and understood all the above statements and that my agreement to cooperate and giving of information is made voluntarily of my own free will.

The following statements are optional; you **DO NOT** have to accept them for the CIU to begin reviewing your case:

___ I give my attorneys and former attorneys permission to share information from their files with the CIU.

___ I give the innocence organization that I spoke to permission to share information from their files and review of my case with the CIU.

**CERTIFICATION
CONVICTED PERSON**

My name is _____, my date of birth
is ____/____/_____, my inmate identifying number, if any, is _____,
and my address (or place in which I am currently incarcerated) is _____
_____.

Signature of Applicant

Printed Name of Applicant

Date: ____/____/_____

**CERTIFICATION
ATTORNEY FOR APPLICANT (if currently represented by counsel)**

I hereby certify that I have fully explained to the convicted offender the above statement and that his/her
signature is a result of an independent and informed decision made by him/her.

Signature of Attorney for Applicant

Printed Name of Attorney for Applicant

Date ____/____/_____

**CERTIFICATION
AGENT OF CONVICTED PERSON**

My name is _____, my date of birth
is ____/____/_____.

Relationship to applicant: _____

I hereby certify that I have spoken to the applicant about this application and have receive their
permission to submit their case to the CIU.

Signature of Third Party

Printed Name of Third Party

Date: ____/____/_____.

Please return this completed form to:

**Marion County Prosecutor's Office
Conviction Integrity Unit
251 East Ohio Street, Suite 160
Indianapolis, IN 46204
317-292-1568 or 317-313-8964**

This information can be sent by e-mail to MCPO-CIU@indy.gov

Do not submit anything to the CIU that you wish to be returned to you.

Please note that your application may be subject to Indiana's public records laws.