

Philip D. Murphy Governor

Sheila Y. Oliver Lieutenant Governor State of New Jersey OFFICE OF THE ATTORNEY GENERAL OFFICE OF PUBLIC INTEGRITY AND ACCOUNTABILITY PO Box 085 Trenton, NJ 08625-0085 Telephone: (609) 376-3310 Matthew J. Platkin Attorney General

Thomas J. Eicher Executive Director

REQUEST FOR REVIEW BY CONVICTION REVIEW UNIT

The Conviction Review Unit (CRU) reviews claims of actual innocence by persons convicted of felonies in New Jersey state courts to determine whether there is clear and convincing evidence of actual innocence. You may apply for a review regardless of whether you were convicted at trial or pled guilty.

Eligibility requirements:

- 1. You must have been convicted in the New Jersey Superior Court, Criminal Division of indictable conviction(s), also known as felony offenses.
- 2. Individuals who are in custody, serving time on the sentence for which they were wrongfully convicted will have priority over individuals who have been released from custody.
- 3. The application for review must be based on objectively credible and verifiable evidence of innocence.
- 4. Your case may not be on direct appeal. If you have a post-conviction motion pending in any court your request for a review may be put on hold until that motion is decided.





New Jersey Is An Equal Opportunity Employer · Printed on Recycled Paper and is Recyclable

1.	Name:		
2.	Date of Birth:		
3.	Social Security Number:		
4.	SBI number:		
5.	Current Address: (if incarcerated, Correctional Institution Address)		
6.	Are you currently serving a sentence? YES NO		
7.	If yes, how long is your sentence?		
8.	Nature of the offense of conviction:		
9.	County of Conviction:		
10.	D. Case Number (Indictment or Accusation Number):		
11.	1. If applicable, federal habeas docket number:		
12. Are you currently represented by an attorney? YESNO			
	If so, attorney's name and phone number:		
13. Do you currently have an appeal or post-conviction motion pending in any court?			
	YES NO		

If an appeal, Appeal Number: _____



14. Has any innocence organization worked on your case? YES ____ NO____

If so, which organization?

15. Please explain in detail how you are innocent of the charges and why you believe the CRU should review your case:

16. Is there new evidence in your case that the judge or jury did not hear that you believe demonstrates your actual innocence?



17. To fully understand the reasons you say that you are innocent, we may want to review some of the important documents from your case. PLEASE DO NOT SEND THESE DOCUMENTS NOW. If we need a document, you will be contacted and told which documents to send.

Check off the materials which you have in your possession:

Discovery			
Appellate Division Opinion(s)			
Briefs filed in the Appellate Division			
Trial transcripts If yes	s, how many volumes:		
Briefs filed on Post-Conviction Relief			
Post-Conviction Relief Opinions			
Post-Conviction Relief Transcripts If yes, how many volumes:			
Federal Court Documents	Specify:		
Other Legal Documents	Specify:		

18. Please list the name(s) of the attorney(s) who have represented you at past proceedings in your case:

Trial	Name:
Direct Appeal	Name:
Post-Conviction Relief	Name:
Federal Proceedings	Name:
Other:	Name:



Please read the following provisions carefully and sign below if you agree:

I understand that the CRU does not represent me as an attorney and cannot give me legal advice. I understand that if I **currently** have an attorney, all future communications must be made through my attorney.

I understand that anything the CRU learns in the course of review or re-investigation may be shared with other law enforcement agencies.

I understand this request for review does not extend any judicial time frames to file an appeal or petition or motion for post-conviction relief.

I understand that I have no right to a CRU review of my case and no right to appeal any CRU decision.

I understand that the CRU will conduct a preliminary review of all cases in which a formal request has been made. I also understand that if the CRU accepts my case for further review, that does not mean I will receive relief. I understand that decisions about whether CRU will re-open a full case investigation, as well as how the claim will be investigated and resolved, will be made by the CRU.

I agree to fully and openly cooperate with the CRU review, which includes allowing the CRU to contact and speak with my **previous** attorney(s) about any NON-PRIVILEGED matter, and allowing the CRU to see my client file, as maintained by my previous attorney(s), to review any information, other than privileged communications or attorney work-product contained within my file.

I understand that information gathered by the CRU to review my application may be disclosed to appropriate third parties who may be assisting in the review of my case, including law students and innocence project volunteers.

Signature: _____

Dated: _____

Return the completed Request for Conviction Review form and any other documentation to the following address via US Mail:

Office of the Attorney General Conviction Review Unit P.O. Box 085 Trenton, New Jersey 08625-0085

