

**APPLICATION FORM
SAINT LOUIS COUNTY PROSECUTING ATTORNEY'S OFFICE
CONVICTION AND INCIDENT REVIEW UNIT**

INSTRUCTIONS

Please try to provide as much of the information below as you can. The more relevant information you provide on this form, the more quickly and thoroughly your request can be considered.

Please type your answers or print them legibly. If the space provided is not sufficient, please place your answers on a separate page and attach it to this form.

ELIGIBILITY

Before you prepare this form, be sure that you are eligible for review by CIRU. The Conviction and Incident Review Unit only will accept requests for review that meet all of the following standards:

- The applicant must be alive;
- The applicant must have been prosecuted by the St. Louis County Prosecuting Attorney's office;
- The judgment must have been finalized on direct appeal; and
- The applicant must have a plausible claim of actual innocence or evidence that the case involved knowing and serious misconduct by law enforcement, prosecutors, or other participants in the legal process.

WAIVER AND CONSENT

This application form can be completed by a convicted person, by an attorney representing a convicted person, or by any person authorized by a convicted person to act on his or her behalf. Regardless of who prepares the form, in order for an investigation to proceed, it must include the cooperation of and a signed Waiver and Consent Form from the convicted person. That waiver form is included at the end of this document.

TELL US ABOUT YOUR CASE

- 1) Please provide your name as it appeared on the court papers in the case, your address and—if applicable—your telephone number and e-mail address. If you are incarcerated in the Missouri Department of Corrections, please provide your Inmate Number and your current institutional assignment.

NAME:

ADDRESS LINE 1:

ADDRESS LINE 2:

TELEPHONE:

EMAIL:

PLEASE COMPLETE DIRECTLY BELOW INFORMATION IF CURRENTLY INCARCERATED

INMATE NUMBER:

INSTITUTIONAL ASSIGNMENT:

- 2) Are you represented by counsel? If so, please provide counsel's name and contact information.

NAME OF COUNSEL:

COUNSEL'S EMAIL:

COUNSEL'S TELEPHONE:

- 3) If we have trouble contacting you, let us know if there is a family member or other person we may contact you through. Please list below that person's name, contact number, and relationship to you. By listing a person here, you authorize us to contact them with updates about your application.

PLEASE USE THE SPACE BELOW TO PROVIDE ANY RELEVANT CONTACT INFORMATION

- 4) If you are preparing this submission on behalf of a convicted person and not on behalf of yourself, please provide your name; your address; a current telephone number; and the nature of your relationship with the convicted person (for example, “counsel,” “parent,” “wife,” “friend” etc.). You must also provide a Waiver and Consent Form signed by the convicted person.

NAME:

RELATIONSHIP:

ADDRESS LINE 1:

ADDRESS LINE 2:

TELEPHONE:

IF SECTION COMPLETED, PLEASE PROVIDE WAIVER & CONSENT FORM

- 5) Please provide the name of the case that led to the conviction you wish to challenge, and the court number of the case. State whether the conviction was the result of a trial or a guilty plea.

NAME OF CASE:

CASE NUMBER:

CONVICTION RESULT OF TRIAL OR GUILTY PLEA?

- 6) Please indicate the offense[s] for which you were convicted and the sentence[s] imposed.

PLEASE USE THE SPACE BELOW TO DETAIL ANY OFFENSES, CONVICTIONS, & THE SENTENCES IMPOSED

- 7) If you have them, please provide the case number[s] for all direct appeals you have pursued in the Missouri Court of Appeals or the Missouri Supreme Court. If you know the citation for any published opinion that an appellate court issued in your case, please provide that citation as well.

PLEASE USE THE SPACE BELOW TO LIST ALL CASE NUMBER(S) & APPEAL(S)

- 8) Other than your direct appeal, have you filed any other court challenge to your conviction? This could include a request for state or federal habeas corpus relief. If the answer is “yes,” please provide the case numbers for each court action you have filed.

COURT CHALLENGES FILED OTHER THAN APPEAL? YES NO

CASE NUMBER(S):

OTHER NOTES:

9) If you, or someone acting on your behalf, has conducted an investigation into the new facts that you want CIRU to consider, please identify those people and provide information about how we can contact them. The people listed below could include a lawyer, a friend or family member, a non-profit organization such as The Innocence Project, or anyone else who has discovered new facts about your case since you were convicted. By listing them, you authorize us to contact them.

CONTACT #1

NAME:

RELATIONSHIP:

CONTACT INFORMATION:

CONTACT #2

NAME:

RELATIONSHIP:

CONTACT INFORMATION:

CONTACT #3

NAME:

RELATIONSHIP:

CONTACT INFORMATION:

EXPLAIN YOUR CLAIM OF WRONGFUL CONVICTION

1) Do you claim to be actually innocent of the crime you were convicted of?

YES NO

2) If you were convicted of multiple counts, are you now asserting that you are innocent of all those charges? If the answer is “no,” please specify the charges for which you assert you are innocent.

INNOCENT OF ALL CHARGES? YES NO

IF NO, CHARGES FOR WHICH YOU ASSERT INNOCENCE:

3) If you claim to be actually innocent, please tell us about the evidence that supports your claim that you are innocent of the crime[s] of conviction. You should discuss only new or supplemental evidence that was not known to you or your lawyer during your trial or guilty plea.

Examples may include witness statements, physical evidence, or forensic results. Please be specific: identify what the new evidence is and explain how it shows that you are innocent.

If you have documents supporting your claims, you may include them, but do not send original documents or evidence; send copies only. You may also attach additional pages to this form.

DESCRIPTION OF EVIDENCE SUPPORTING CLAIM OF INNOCENCE:

IF NECESSARY, PLEASE USE THE FOLLOWING PAGE TO DETAIL INFORMATION

INFORMATION CONTINUED:

4) Was DNA material collected and/or tested in your case? If so, what was the result of the testing? Are there collected materials that have not been tested?

DNA MATERIAL COLLECTED? YES NO

DESCRIPTION OF DNA TESTING RESULTS:

MATERIALS COLLECTED & NOT TESTED? YES NO

5) Do you claim that important exculpatory, mitigating, or impeachment evidence was not given to your defense team by the prosecution?

YES NO

6) If yes, please describe the evidence or information you believe was not provided. How did you come to know of the existence of this information? Can you provide a letter or affidavit from your trial attorney verifying that this information was not turned over?

DESCRIPTION OF EVIDENCE OR INFORMATION NOT PROVIDED:

DESCRIPTION OF HOW YOU CAME TO KNOW OF THIS INFORMATION:

CAN YOU PROVIDE A LETTER OR AFFIDAVIT? YES NO

- 7) Please describe any other claims not covered above which you believe resulted in an unjust conviction or sentence in violation of your constitutional rights.

DESCRIPTION OF ANY OTHER CLAIMS:

PLEASE USE THE REMAINDER OF THIS PAGE TO INCLUDE ANY INFORMATION YOU THINK MAY BE RELEVANT TO THE INVESTIGATION OF YOUR CONVICTION

APPLICANT WAIVER AND CONSENT FORM

In order for the CIRU to begin an investigation, the convicted person must agree to all of the following and indicate such agreement by initialing at the beginning of each statement.

- 1) _____ I am requesting that the CIRU review my claim of actual innocence for my conviction(s) in this case.
2) _____ I consent to a formal inquiry of my case by the CIRU.
3) _____ I agree to fully cooperate with the CIRU's review.
4) _____ I agree to provide full disclosure regarding all inquiries made by the CIRU.
5) _____ I understand and agree this is an extrajudicial process, which means that there is no right of review or appeal of any decision by the Prosecuting Attorney regarding my application to the CIRU.
6) _____ I understand that the CIRU is not my attorney and that statements made in this application or to the CIRU are not confidential and are not covered by any immunity agreement unless otherwise agreed to in writing.
7) _____ I understand, as it relates only to my pending application and the associated case being reviewed by the CIRU, that I am waiving my right against self-incrimination pursuant to the Fifth Amendment of the United States Constitution and the Missouri Constitution.
8) I do _____ / do not _____ give permission for the CIRU to share my application with a pro bono lawyer who might be willing to assist me.
9) _____ If I have an attorney, I consent to the terms of the Attorney Discovery and Cooperation Agreement.
10) _____ I understand that a claim with the CIRU will not extend any deadlines of any proceedings, including any appellate proceedings.
11) _____ I understand that the CIRU may disclose to any authorities any evidence or information uncovered or learned by the CIRU, including information that tends to show that other people may have been involved in the commission of the crime(s) for which I was convicted.
12) _____ I understand that evidence uncovered by the CIRU that is favorable to me will be disclosed to me or my legal representative regardless of the outcome of the review.
13) _____ I certify that all of the above statements are true and accurate.
14) _____ I acknowledge that providing false information will result in a dismissal of my claim.
15) _____ I understand the CIRU may determine that my case does not meet the criteria for review at any point and may reject my claim without any explanation, and without any review or appeal by any court or agency.
16) _____ I understand that if I refuse to cooperate in any way or become uncooperative with the CIRU's review process, the review may be cancelled.

SIGNATURE OF CONVICTED PERSON: _____
PRINTED NAME OF CONVICTED PERSON: _____
DATE: _____

ATTORNEY DISCOVERY AND COOPERATION AGREEMENT

I, _____, am an attorney who represents _____ (“the Applicant”) in all legal matters with regards to post-conviction remedies. I have consented to the Applicant’s request that the St. Louis County Prosecuting Attorney’s Office Conviction and Incident Review Unit (“the CIRU”) examine his or her claim of wrongful conviction. I agree to the following:

- 1) I have discussed the Applicant Waiver and Consent Form with my client, and they have knowingly and voluntarily signed the form fully understanding all legal ramifications.
- 2) I do ___ / do not ___ authorize the CIRU to communicate directly with my client regarding his or her application. I understand that the option I have selected will not affect the CIRU’s decision in my client’s case.
- 3) I agree to share with the CIRU any information or evidence relating to this case that has already been obtained or uncovered by me or any agent working on my behalf or on behalf of my client, or any such information that is uncovered while the CIRU investigation is ongoing. I agree to provide the CIRU with copies of any such materials as soon as is practicable to aid the CIRU in its investigation. I understand that this agreement includes sharing with the CIRU any information that may inculpate my client in the crime under review, as well as information that exculpates him or her.
- 4) I agree to redact the address, telephone number, driver’s license number, social security number, date of birth, bank account or other identifying numbers, and all other privileged information contained in all documents and witness statements before showing and/or using any discovery obtained from the CIRU. If the filing of unredacted copies is required by court rule or legal statute, said copies shall be filed under seal if permitted by the court.
- 5) I agree to maintain custody of all documents produced pursuant to this Agreement and not allow anyone to copy the documents produced pursuant to this Agreement except copies provided to experts, attorneys, staff, and colleagues who are assisting with the investigation and who also agree to be bound by attorney-client privilege and the terms of this agreement, unless the CIRU consents to such additional disclosure. I or my agent may allow an Applicant, witness, or prospective witness to view the information provided under this article but may not allow that person to have copies of the information provided, other than a copy of the witness’s own statement. Before allowing that person to view a document or the witness statement of another under this subsection, the person possessing the information shall redact the address, telephone number, driver’s license number, social security number, date of birth, and any bank account or other identifying numbers contained in the document or witness statement.
- 6) I agree to coordinate, when feasible, the scheduling of witness interviews and other investigatory matters in order to prevent potential interference with the CIRU investigation and ensure the safety of witnesses and victims and the integrity of the post-conviction investigation.

- 7) I agree that while the CIRU investigation is ongoing, neither I, nor my agents, nor the Applicant will contact the victim of the crime or his or her immediate family members without the prior written agreement of the CIRU. Such agreement may be obtained by contacting the CIRU chief.
- 8) I agree on behalf of myself, my agents, and the Applicant to treat as strictly confidential all materials and information, oral or written, provided to me by the CIRU. I understand that any public disclosure of such materials or the information contained therein shall be considered by the CIRU as a violation of this agreement and may result in the CIRU limiting or ceasing to share such information with me and my client, at the sole and exclusive discretion of the CIRU.
- 9) I understand that if this agreement is violated, the CIRU reserves the right to terminate the review.

By signing below, I agree to be bound by all of the terms of this agreement until the termination of the CIRU review and post-conviction proceedings resulting from that review.

Attorney Signature: _____

Date: _____