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Conviction Integrity Unit
APPLICATION FOR CONVICTION REVIEW

Complete this form to apply to our office to have a conviction reviewed. All information must be provided. Please provide copies of any documents that support your application. Do not send original documents or your only copy of any documents. This form and supporting documents may be mailed to:

Office of the State Attorney
Ninth Judicial Circuit
Attn: Conviction Integrity Unit
415 N. Orange Ave
Orlando, FL 32801

Please provide the defendants information. A section has been provided for additional information if the applicant is not the defendant. The following guidelines govern acceptance for review of any Application:

1. The conviction is in the Ninth Judicial Circuit (Orange or Osceola counties).
2. There is a plausible claim of innocence (i.e. the defendant did not commit or participate in the crime charged or there is a conviction where the investigation reveals facts, circumstances and/or events which so grossly corrupted the fact-finding process as to substantially deny the defendant a fair adjudication of his/her guilt or innocence at trial, or, if the conviction was obtained by a guilty plea, prevented the defendant from making a knowing decision to plead guilty). NOTE: There is a heightened showing of innocence to be met for a CIU review where the conviction was a result of a plea of guilty or no contest.
3. The claim is capable of being investigated and resolved, and if substantiated, would support the innocence of the defendant.
4. Applications for review of Serious Felony Convictions where the defendant is incarcerated, will take precedence over all other applications.
5. Requesting review of your case by our office will not extend the time you have to pursue post-conviction remedies, such as file an appeal or post-conviction motion. You need to pursue those remedies separately.
6. Acknowledgment of receipt of the Petition by the State Attorney's Office does not indicate acceptance of the case for investigation, or the validity of the claim of innocence.
7. Applications will be considered whether the defendant:
 - a. Is in or out of custody
 - b. Is deceased
 - c. Has exhausted appeal
 - d. Pled guilty

Important: The State Attorney's Office cannot provide legal advice. Please consult with an attorney prior to submitting an Application if you need assistance or have any questions regarding anything contained in this Application. If you are currently represented by an attorney, the CIU will only communicate with your attorney. You should consult your attorney prior to submitting your Application.

DEFENDANT’S INFORMATION

Please provide the defendants information. A section has been provided for additional information if the applicant is not the defendant. The following guidelines govern acceptance for review of any Application:

Today’s Date: _____

Defendant’s Name: _____

Date of Birth: _____

Address: _____

DOC Number (if applicable): _____

Case Number: _____

Charges: _____

Date of Conviction: _____

Current Attorney: _____

Former Attorney(s): _____

If this form is filled out by someone other than the Defendant:

Applicant’s Name: _____

Relationship to Defendant: _____

Applicant’s Contact Information: _____

Has the Defendant given you permission to file this application on their behalf? Yes No

CASE INFORMATION

1. What is the basis for your application for review? (check all that apply)

- Actual innocence (I did not commit the crime) *and*
- The witness/informant has recanted or changed their testimony
- I have an alibi (please provide contact information below)

- I have newly discovered evidence (please explain below)

- There is an issue with the scientific evidence or expert witness (please explain below)

- The police officer in my case has been arrested.

Name of officer and badge number: _____

How do you believe this impacts your case: _____

- Other (please provide more detail below)

2. Please explain in detail how the Defendant is innocent of the charges and why you believe our office should review this case:

3. Please explain how the Defendant came to be arrested:

4. Is there any evidence that supports your claim(s)? Yes No

Was the evidence presented to a jury? Yes No

If yes, please provide the details about the rulings and how this evidence impacts your claim of innocence:

5. Please provide the names and phone numbers of witnesses or alibis, or any other person with relevant information, whom you think will provide information verifying your claims and whom we should contact:

6. Was the conviction the result of (select one): Trial Guilty Plea No Contest Plea

7. Was there any DNA in this case? Yes No

8. Did you provide a statement to police? Yes No

9. Did you testify at trial? Yes No

10. Was an appeal filed in this case? Yes No

If yes, provide status information and case numbers:

11. Have any post-conviction motions been filed in this case? Yes No

If yes, provide status information and case numbers:

12. Have you contacted an innocence organization/project about your case? Yes No

If yes, which organization and have they started an investigation of your case?

13. Have you filed a 3.853 motion pursuant to Florida Statute, Section 925.11? Yes No

If yes, provide status information:
