

Conviction Integrity Unit

Oakland County Prosecutor's Office

Instructions for CIU Review

This application is a request for the Oakland County Prosecutor's Office Conviction Integrity Unit (CIU) to review a conviction. Applicants are encouraged to use the CIU application. The CIU will not consider applications through telephone calls.

The CIU initial review is based on this application, so take your time to carefully complete the application. We discourage sending additional documents and they will not be returned.

This application may be completed by the convicted person or anyone authorized by the convicted person. However, in order for an investigation to proceed, **it must include the signed Consent Form from the convicted person**.

If the convicted person is represented by counsel, communication will only be with their lawyer unless expressly waived.

Due to the high volume of requests, the CIU cannot provide a time when the application review will be completed. Be assured that you will be notified when your application is received and if additional information is needed.

Applicants may return completed forms by mail to:

Oakland County Prosecutor's Office Conviction Integrity Unit 1200 N. Telegraph Rd., West Wing - Building 14E Pontiac, MI, 48341

Or email to: ciu@oakgov.com

The application may also be submitted through the website.



Eligibility for CIU Review

The Conviction Integrity Unit accepts requests for review that meet these requirements:

- 1. The applicant must be living.
- 2. The applicant must have been prosecuted by the Oakland County Prosecutor's Office and sentenced by the 6th Circuit Court, Oakland County.
- 3. The final judgment of conviction and sentence must have been entered and all appeals final.
- 4. The applicant claims actual innocence. Actual innocence means the applicant played no role in the crime of conviction.
- 5. There is new, credible, material evidence that has not been specifically addressed by any court. This new evidence may be known to the applicant or developed during the Conviction Integrity Unit's investigation.

The Conviction Integrity Unit may also, in its discretion, investigate other claims in the interest of justice under MRPC 3.8.



Consent Form

Please read and initial at the end of each line.

1.	I am the convicted person filing this application <i>OR</i> I am the convicted person and I authorize the filing of this application on my behalf.	
2.	I have read the Mission Statement, Instructions, Eligibility, and Process for Review.	
3.	I understand the CIU review is not part of a court proceeding and is not governed by court rules of procedure.	
4.	I understand there is no right to review or appeal the CIU decision.	
5.	I understand that the CIU is not my attorney and does not represent me.	
6.	I understand that statements made in this application are not confidential.	
7.	I certify that all of the statements in this application are true and accurate to the best of my knowledge.	
SIGNA	TURE OF CONVICTED PERSON:	
PRINT	`NAME:	
DATE:		



Application for CIU Review

A	. Applicant's Info	rmation			
1.	Full Name:				
		First	Middle	Last	
2.	Date of Birth:	Month/	_ Day/`	Year/	-
3.	Primary Language:	☐ Englis	h □ Spanish	□ Other:	
4.	Do you read, write a	nd speak English	? \(\sum Ye	es 🗆 N	o
5.	Do you read, write a	nd speak another	language?	☐ Yes	□ No
	If "yes" what langua	ge?			
6.	Are you a U.S. citized The answer to this q		Yes □ N ffect whether you		dered.
7.	At the time of your o	conviction, what is	s the highest leve	el you complet	ed in school?
8.	Are you currently in	.carcerated?	□ Yes	□ No	
	If "yes," please provi	de inmate numbe	r:		
	If "yes," how long ha	ve you been in cus	stody on this ma	tter?	

9.	Are you currently represented by	an attorney? ☐ Yes ☐ No
	If "yes," please provide your attorn	ney's name and contact information:
	Note: If you are represented by an a attorney.	attorney, the CIU will communicate with your
10	. Do you have a disability we should	d know about?
	☐ Learning disability	☐ Mobility disability
	\square Medical disability	\square Mental Health diagnosis
	_	\square Autism Spectrum Disorder
		☐ Post-Traumatic stress disorder (PTSD)☐ Other:
	□ Yes □ No	nding in writing will be difficult for you?
12	. Do you want to be contacted throu \square Yes \square No	agh a family member or other person?
	If "yes," please provide the following	ng information for that person:
	First and last name:	
	Address:	
	Email:	
		attorney, the CIU will communicate with your
В	. Case Information	
1.	Case Number:	
2.	Was the conviction in Oakland Cou	unty? □ Yes □ No

3.	How were you convicted?			
	\square Jury trial	☐ Bench/Co	urt trial	
	☐ Guilty plea	☐ No contes	t plea	
4.	Was there a co-defendant in	n your case?	□ Yes	□ No
	If "yes," what is the name of	co-defendant	(s):	
5.	If you were convicted of mu all those charges?	ultiple charges	, are you asking the \square No	e CIU to investigate all o
	If "no," specify the charges	you are asking	the CIU to investig	ate:
6.	Did the prosecution use an	y of the follow	ing scientific evider	nce?
	☐ Bite mark	•	\Box Blood typing	
	□ Hair		☐ Fiber or carpet	- •
	☐ Arson expert		☐ Bullet/Ballistic	
	☐ Gunshot residue		□ DNA	
	☐ Fingerprints		\square Lie Detectors	
	☐ Footprint/tire marks		☐ Rape kit	
	\square Head trauma			
	Provide further explanation	n regarding sc	entific evidence if l	nelpful:

7.	Was any of the following evidence part of your case?
	Statement made by me
	☐ but I did not make a statement.
	\square but my statement was coerced.
	\square but my statement was not used at trial.
	Eyewitness(es) testified against me
	\square but they lied or were mistaken.
	☐ but they didn't know me.
	\square we knew each other before the case.
	Informant(s) testified against me
	\square but they lied or were mistaken.
	□ but they didn't know me.
	\square knew me from jail or prison.
	\square knew me before the case.
	\square had a secret deal with the police or prosecutor.
	\square had a known deal with the police or prosecutor.
	Other witness(es) testified against me
	\square but they lied or were mistaken.
	\square had a secret deal with the police or prosecutor.
	\square had a known deal with the police or prosecutor.
	I had an alibi
	\square it was part of the trial.
	\square it was not part of the trial.
	\square I testified at my trial.
C	. Post-Conviction Proceedings
1.	Did you appeal your conviction?
	□ Yes □ No
2.	Have you filed any post-conviction motions before in this case?
	□ Yes □ No
_	
3.	Do you have any appeals or post-conviction motions that have not been decided?
	□ Yes □ No

1. Check all the boxes that apply to your claim of wrongful conviction: \square I was not present at the crime. \square I was present but I was not part of the crime. ☐ I was aware of the crime at the time it happened but I was not part of the crime. ☐ I don't know if there was a crime. 2. Is there new evidence that supports your wrongful conviction? ☐ Yes \square No If "yes," check the boxes that apply to your case: ☐ The new evidence was NOT part of my trial. ☐ The new evidence was NOT known at the time of my trial. \Box The new evidence was known at the time of my trial. ☐ There is new evidence but I don't know when it was discovered. \square There was DNA in my case that was never tested. \square There is new evidence of law enforcement or prosecutor misconduct. \Box There is some other new evidence that shows my trial was unfair. ☐ There was scientific testimony at my trial that was wrong or has been discredited. ☐ A witness or informant who testified against me has recanted or changed their testimony. 3. Do you know anything new about your case you didn't know when you went to trial or pled guilty? If so, please explain.

D. Explain Your Claim of Wrongful Conviction

4.	Describe your claim of wrongful conviction. Be as specific as possible if new evidence supports your claim.

).	Is there anything else you would like the CIU to consider? If so, please explain.
	Note: Any additional materials sent with this application will NOT be returned to th

applicant. Please retain copies of important documents.

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