



NORTHWESTERN DISTRICT ATTORNEY'S OFFICE

HAMPSHIRE COUNTY OFFICE

One Gleason Plaza
Northampton, MA 01060
Phone: 413-586-9225 / Fax: 413-584-3635

FRANKLIN COUNTY OFFICE

56 Bank Row
Greenfield, MA 01301
Phone: 413-774-3186 / Fax: 413-773-3278

CONVICTION INTEGRITY COMMITTEE APPLICATION FOR REVIEW OF A CRIMINAL CONVICTION

The Conviction Integrity Committee (CIC) of the Northwestern District Attorney's Office reviews claims of actual innocence or wrongful conviction. This form is the first step in the review process. It may be completed by someone other than the defendant in the case for which the review is sought, but it must be signed electronically by the defendant or by a representative on the defendant's behalf. Please complete the form as fully as possible. If you do not know the answer, you may indicate that in the space provided. If necessary you may also attach supporting information as a second document to your application on the portal, or via post.

Please submit this form electronically at the [submission portal \(linked here\)](#) or physically return the completed form to:
Conviction Integrity Committee
Northwestern District Attorney's Office
One Gleason Plaza
Northampton, MA 01060

The CIC will confirm receipt of your application within thirty (30) days.

Part A: DEFENDANT'S BIOGRAPHICAL INFORMATION

First Name: Middle: Last Name:

MAILING ADDRESS

Street Address: P.O. Box:

City: State: Zip Code:

Phone Number: E-Mail:

Inmate Number: Are you currently represented by an attorney?

Name and Contact information of Attorney if any:

Part B: INFORMATION ABOUT YOUR CRIMINAL CONVICTION

Name of Case: Commonwealth v. Docket Number of Case

Date of Conviction County of Conviction

Arresting Police Department

Part C: AGREEMENT TO HAVE CIC REVIEW YOUR CASE

(The Defendant must initial after each line and sign at the bottom.)

1. I certify that all of the statements in this application are true and accurate to the best of my knowledge.
2. I acknowledge that knowingly providing false information will result in a rejection of my submission to the CIC.
3. I understand that the attorneys on the CIC are not my attorneys and cannot give me legal advice.
4. I am requesting that the CIC review my claim of actual innocence/wrongful conviction.
5. I understand I may be asked to cooperate with the CIC investigation and that if I decline, the CIC review of my case may be impacted.
6. I understand the CIC may determine that my case does not meet its criteria and at any point reject my submission.
7. I understand that I have no right to appeal a rejection by the CIC of my application.
8. I understand that sending this submission to the CIC will not extend the deadlines for any trial or appellate court claims.

Sign and Date

- ☐ I certify, by checking the circle and entering my name below, that I have signed this document. I agree that checking this circle has the same effect as, and is a valid substitution for, my handwritten signature.
(If document will be submitted via electronic form, use this option.)

Physical Signature:

(If document is submitted via mail, sign here once printed.)

First Name:

Middle:

Last Name:

Date:

Part D: INFORMATION ABOUT APPEALS

To the best of your ability, please list all appeals and petitions filed in both state and federal court with approximate dates of filing and docket numbers if available (including motions for new trial, federal habeas corpus petitions, and direct appeals). You do not need to send copies.

Appeals and petitions:

Are any of these appeals or petitions currently pending in court?

Depending on the status of the appeals and petitions listed above, the CIC may be unable to review your case.

Part E: BASIS FOR REQUESTING REVIEW

1. Are you claiming that you are actually innocent?

2. Are you claiming that you were wrongfully convicted due to unfairness?

3. Did you have a trial?

4. Is there new evidence available that was not available at the time of your plea or that the jury did not hear about during your trial?

5. If you answered Yes to Question 4, what category of new evidence is now available? (Please check all that apply)

☐ DNA Evidence

☐ Evidence of an officer's misconduct

☐ New witness

☐ Evidence that your lawyer did not present that could have proven your innocence

☐ Recantation of testimony by former witness

☐ Other forensic evidence

☐ I don't know

☐ Other

6. Please briefly describe the basis of your claim. Additionally, if you answered "Yes" to Question 4, please include in your answer a further description of the new evidence.

Claim
Basis:

Sign and Date

☐ I certify, by checking the circle and entering my name below, that I have signed this document. I agree that checking this circle has the same effect as, and is a valid substitution for, my handwritten signature.

(If document will be submitted via electronic form, use this option.)

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Middle:

Last Name:

Date:

Physical Signature:

(If document is submitted via mail, sign here once printed.)