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| **Before You File** |

The Conviction Integrity Unit (CIU) will only consider cases where a person:

1. was prosecuted in a criminal case by the Attorney General’s Office in a Massachusetts district or superior court;
2. was found guilty after trial, plead guilty to an offense, or had a guilty plea imposed after initially receiving a continuation without a finding (CWOF);
3. has exhausted all their state-level post-conviction appellate rights (*ex.* filed an appeal in the appeals court and a decision has been issued); and
4. makes a claim of actual innocence or claims that the integrity of the conviction is in question.

The CIU cannot provide you with legal advice or act as your attorney. If you have any questions concerning your legal rights (*ex.* questions about filing motions in court or filing civil lawsuits) you should contact a private attorney. If you are currently represented by an attorney, the CIU will only communicate with your attorney.

The CIU may request that you authorize the attorney who represented you in the criminal case under review to discuss the events that led to the conviction. The CIU cannot contact your attorney unless you give written permission or sign a waiver provided by the AGO. The CIU cannot require that your attorney speak about your case without your permission. We may also disclose your request for review and related information to other law enforcement and involved parties during our investigation.

Please fill out the following form to the best of your ability and email or mail it to the address below. **If you are including documents, please do not send any original documents and only send copies**. We cannot guarantee that documents submitted to the CIU will be returned to you.

AGO-CIU@mass.gov

Attorney General’s Office

Conviction Integrity Unit

One Ashburton Place, 20th Floor

Boston, MA 02108

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| **Request For Review** |

**First Name of Defendant:**

**Last Name of Defendant:** Click or tap here to enter text.

**Street Address:** Click or tap here to enter text.

**City:** Click or tap here to enter text. **State:** Click or tap here to enter text. **Zip Code:** Click or tap here to enter text.

**Date of Birth:** Click or tap here to enter text. **Phone Number:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**County of Conviction:** Click or tap here to enter text.

**Docket Number/s:** Click or tap here to enter text.

**Charge/s:** Click or tap here to enter text.

**Commitment Number (if applicable):** Click or tap here to enter text.

## **Defendant’s Attorney or if you are applying on behalf of Defendant:**

**First Name:** Click or tap here to enter text. **Last Name:** Click or tap here to enter text.

**Street Address:** Click or tap here to enter text.

**City:** Click or tap here to enter text. **State:** Click or tap here to enter text. **Zip Code:** Click or tap here to enter text.

**Relationship to Defendant (ex. attorney, parent, friend):** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Please tell us why you are requesting a review and attach copies of any applicable documents.**

Click or tap here to enter text.