



MIDDLESEX DISTRICT ATTORNEY'S OFFICE

CONVICTION INTEGRITY UNIT (CIU) APPLICATION FOR REVIEW

The following basic criteria must apply:

- The Conviction must have occurred in Middlesex County.
- The Defendant must face a restraint of liberty.
- The application presents a post-conviction claim of factual innocence or a potential miscarriage of justice.

If you are currently represented by an attorney, the CIU will only communicate with your attorney. If represented, this form should be submitted by your attorney. Please be advised that the CIU is part of the Middlesex District Attorney's Office and does not represent applicants.

In order to request review, please complete the attached CIU Application Form to the best of your ability, and submit via email or postal mail to the following:

Claims submitted via email:

MDAOCConvictionIntegrityUnit@massmail.
state.ma.us

Claims submitted via regular mail:

Conviction Integrity Unit
Middlesex District Attorney's Office
15 Commonwealth Ave
Woburn, MA 01801

15 Commonwealth Ave
Woburn, MA 01801
Phone (781) 897-8300



CONVICTION INTEGRITY UNIT APPLICATION

*Demographic information submitted through the first page of this document is solely for identification and statistical purposes.

- I am submitting this application on my own behalf
 I am an attorney submitting this application on behalf of my client
 I am a family member submitting this application on behalf of the defendant

Request for Review	<input type="checkbox"/> Request to review a claim of factual innocence <input type="checkbox"/> Request for post-conviction forensic testing pursuant to M.G.L §278A <input type="checkbox"/> Request for BOTH post-conviction forensic testing pursuant to M.G.L §278A and a claim of factual innocence
---------------------------	---

Today's Date:

Defendant Name:

Defendant Name at Time of Trial (If applicable):

Pronouns:	<input type="checkbox"/> she/her/hers <input type="checkbox"/> he/him/his <input type="checkbox"/> they/them/theirs	<input type="checkbox"/> ze/hir/hirs <input type="checkbox"/> Prefer to self-describe: _____
Race/Ethnicity:	<input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Prefer to self-describe: _____

DOC#:

Defendant DOB:

Docket Number(s):

Co-Defendant (Yes/No): **Co-Defendant Name:**

Applicant Name (if not defendant) and Relationship to Defendant:

Attorney for the Defendant:

Primary Language:

Highest Level of Education Achieved:

Applicant Contact Information: This information will be used to communicate with you regarding your claim

Address: **City:** **ZIP Code:** **State:**

Phone number: **Email Address:**

Date of Conviction: **Charge(s):**

Total Sentence Length:

Incarceration Status:

Trial Defense Attorney(s):

Trial Judge: **Trial or Plea:**

Location of Incident: **Date of Incident:**

Investigating Police Department(s):

What, if any, prior forensic testing occurred through trial or post-conviction proceedings:

Are there additional suspects the defendant would like the CIU to consider:

Are there any new witnesses, alibis, etc.:

Has the defendant contacted an innocence organization if so, please list name and contact information):

Is the defendant in possession of copies of trial transcripts:

Is the defendant currently incarcerated, paroled, on probation, or facing a restraint of liberty:

Is there currently a pending court proceeding related to this conviction:

Prior Appellate Filings:

Prior Post Conviction Filings:

Prior Habeas Corpus Filings:

Nature of Claim

Please give as much information as possible.

If more space is needed, attach additional information to this document.

(*Please remember that the CIU does not represent the defendant.)

Describe the defendant's claim of innocence:

Describe what, if any, new evidence supports the claim of innocence:

Describe which, if any, contributing factors played a role in the defendant's conviction (ex. eyewitness identification, false confession, problematic forensic evidence, alleged misconduct, incentivized witness(es) or jail house informant(s), systemic discrimination such as racial, religious or gender bias)

- Eye witness identification False confession Forensic evidence Misconduct Incentivized witness
 Jail house informant Discrimination Racial bias

***Please, attach any additional documents that may be helpful in reviewing your claim. You may supplement this application with additional documents at any time while your claim is pending.**



APPLICATION WAIVER

*The defendant must agree to and initial each of the following statements

Statement	Initial
I have been convicted of the offense noted above in Middlesex County.	
I understand that the CIU is part of the Middlesex District Attorney's Office, is not my attorney, and does not legally represent me.	
I am requesting that the CIU review my claim of factual innocence.	
I understand that the CIU may determine that my case does not meet their criteria and may deny my claim at any time.	
I understand that filing a CIU claim does not extend any post-trial petition deadlines.	
I acknowledge that providing false information will result in denial of my claim.	
I understand that this is an out-of-court process and there is no right of appeal relating to the denial of my claim by the CIU.	
I understand that any documents provided to the CIU will not be returned (we strongly encourage you to retain originals and submit copies only).	
I understand that the CIU determination does not prevent me from seeking future relief through standard processes.	
I understand that the CIU may request additional information from myself or counsel to facilitate their review of my claim.	
I understand that the CIU reserves the right to refuse disclosure of information that could potentially compromise the investigation of alternate suspects, endangers the life of a witness, or information that would be unlawful to release.	
I will not disclose any information derived from the CIU review without the express consent of the MDAO.	

Applicant Signature

Date

Defendant Signature

Date
