



## **REQUEST FOR REVIEW BY THE CONVICTION REVIEW UNIT**

The Conviction Review Unit (CRU) reviews claims of wrongful conviction from people who were convicted of felony crimes in Minnesota state courts. You may apply for review regardless of whether you were convicted at trial or pled guilty.

The CRU will review your case only if you meet these requirements:

1. You must have been convicted of a felony that was prosecuted by either the Office of the Attorney General or by a County Attorney's Office in the State of Minnesota.
2. You must present a plausible claim that you were wrongly convicted of the crime charged. (You were wrongly convicted if you did not commit the crime for which you were convicted and sentenced.)
3. There must be potential leads to reliable evidence that would back up your claim of wrongful conviction.

## **HERE'S WHAT YOU NEED TO KNOW BEFORE YOU APPLY**

The Minnesota Conviction Review Unit, also known as the CRU, operates as an independent division of the Minnesota Attorney General's Office. The Attorney General is the chief law enforcement officer for the State of Minnesota.

If you complete this application, the CRU agrees to conduct an initial review of your case to determine whether you qualify for an in-depth investigation of your case.

Before you complete this application, please be aware of what the CRU can and cannot do for you.

The CRU **cannot** serve as your attorney. The CRU attorneys are prosecutors. They are not defense attorneys, and they cannot represent you. That means the CRU cannot provide you with legal advice, and what you say to us is not covered by attorney-client privilege.

The CRU **can** cooperate with you or your attorney to investigate your claims of wrongful conviction by gathering evidence that you may not have had access to, testing evidence that may not have been tested, and talking to witnesses who may shed light on your conviction.

If you are currently represented by an attorney, please consult your attorney before you submit this application. Your attorney will have valuable advice about whether you should apply and how applying to the CRU may affect your legal claims. If you and your attorney decide to apply to the CRU, we will work with your attorney to gather information about your case and share the information we have gathered with your attorney. The CRU will not communicate with you unless your attorney agrees.

The CRU agrees to conduct an initial review of your application as soon as it can. The time it takes to review your application will depend on the CRU's available resources and the number of applications we have received. The CRU will periodically update you in writing about the status of your application.

In its initial review, the CRU may contact the people you list in this application to find out more about what they know. The CRU may also contact the original prosecutor in your case, the victim, and witnesses who provided information or may have testified in your case.

After an initial review, if the CRU denies your application for assistance, the CRU will notify you or your attorney immediately, and we will explain the reasons for the denial.

If the CRU accepts your case for a more thorough review, we will cooperate with you or your attorney to fully investigate the basis of your claims. If you do not have an attorney, with your permission, the CRU may attempt to find an attorney who can assist you as the CRU conducts a more thorough review of your application and your claims.

During the investigation process, the CRU cannot promise to waive deadlines you may be facing if you have filed or intend to file post-conviction motions. If you have legal claims you are pursuing, you will need to make sure you continue to follow the court's rules and all deadlines that apply to your case unless the court agrees to set aside those deadlines.

<p>WARNING: Send ONLY your completed Application to the CRU. <u>Do not send any additional materials.</u> We cannot store additional materials, and we cannot guarantee that documents submitted to this Unit will be returned to you.</p>
--

Before you complete the application, please sign below to indicate that you read and understand "What You Need to Know Before You Apply."

---

Signature

Date

## INFORMATION WE NEED TO REVIEW YOUR REQUEST

*Your answers to these questions will help us decide whether the Minnesota Conviction Review Unit will be able to take action on your case. Please answer each question as fully and as truthfully as you can. If you don't know the answer to one of the questions, just say that you don't know. Please PRINT or TYPE your answers as clearly as you can.*

---

### ABOUT YOU:

Name: \_\_\_\_\_

Department of Corrections ID # (OID): \_\_\_\_\_

If you are not currently incarcerated:

Current street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Please check "yes" or "no" for each question.

Can you read in English?	Yes	No
Can you write in English?	Yes	No
Is someone reading this form to you?	Yes	No
Is someone writing on this form for you?	Yes	No
Are you vision-impaired or blind?	Yes	No
Are you hearing-impaired or deaf?	Yes	No
Do you use sign-language to talk or listen?	Yes	No

If you cannot read, write, or speak in English, what language do you prefer?

\_\_\_\_\_

Do you have any disabilities that you want to tell us about?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ABOUT YOUR CASE:**

What crime were you convicted of? \_\_\_\_\_

How long was your sentence? \_\_\_\_\_ What is your release date? \_\_\_\_\_

List any co-defendants in this case: \_\_\_\_\_

Please check every box for every statement **that is true**. You can check as many boxes as you need. If none applies, check the box saying, "None of the above statements applies to me."

I had no role in the crime I was convicted of.

I did some of what I was convicted for, but not all of it.

I did something illegal, but I was drunk or high at the time of the incident.

I did something illegal, but I have a condition that affects my ability to act or understand right from wrong.

I did something illegal because I was forced to do it by someone else.

I did something illegal, but I got too much time in prison for it.

None of the above statements apply to me.

How were you convicted?

A jury or judge found me guilty at trial.

I pled guilty or no contest.

Did you testify at trial?      Yes      No

**WHY ARE YOU ASKING THE CONVICTION REVIEW UNIT TO REVIEW YOUR CASE?**

Are you claiming that you did not commit the crime you listed above?

Yes      No

Are you claiming that you received an unlawful or unjust sentence?

Yes      No

**Court and Case Information**

1. Where were you convicted? (City, County, State):

\_\_\_\_\_

2. State Court File Number: \_\_\_\_\_

### Current Representation

Are you currently represented by an attorney?

Yes                      No

If yes, provide your current attorney's name: \_\_\_\_\_

### Contact with Innocence Organizations

Have you contacted any innocence organizations about your case?

Yes                      No                      I'm not sure

If yes, which organization(s)? \_\_\_\_\_

If yes, are they currently investigating your case?

Yes                      No                      I don't know

### Questions About the Crime

1. When did the crime happen? \_\_\_\_\_

2. Where did the crime happen?

*(Some examples of places might be "at my house" or "at a gas station." Please write down as much information as you know. Write the address if you know it.):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you were there when the crime happened.

3. Who was the alleged victim?

*(Some examples of things you may write are "my son" or "Jane Doe Simpson." Please write down as much information as you know. Write the person's full name if you know it.):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you don't know who the victim was.

4. How do you know the alleged victim?

*(Some examples of things you may write are "she was my wife" or "I met her at a party.")*

---

---

---

Check this box if the victim was a stranger.

### **Questions About the Case Against You**

1. When and where were you arrested? \_\_\_\_\_

---

2. What police department arrested you? \_\_\_\_\_

---

3. What did the prosecutor or police say you did to commit the crime?

*(Some examples are "they said I shot John Doe" or "my baby fell, and they said I shook him.")*

---

---

---

4. How did the police connect you to the crime?

*(Some examples are "Joe Smith said he saw me do it" or "my fingerprint was on the doorknob" or "a witness picked my picture out of a lineup.")*

---

---

---

5. Please check the box next to any kind of evidence that was used in your case. You may check as many boxes as you need to.

A witness picked me out of a line-up

A co-defendant told someone I did the crime

The victim said I did the crime

I was with the victim around the time the crime occurred

Police said I confessed

Police or doctors said I shook an infant victim

Someone I was in jail with said I confessed

Someone I know from the outside said I did the crime

Police said they found my fingerprint at the crime scene

- Police said they found my shoeprint at the crime scene
- Police said they found my hair at the crime scene
- Police or doctors said I caused injuries by shaking an infant
- Police said they found my semen (sperm) at the crime scene
- Police said they found my semen (sperm) on the victim
- Police said they found my saliva (spit) at the crime scene
- Police said they found my saliva (spit) on the victim
- Police said they found my blood at the crime scene
- Police said they found the victim's DNA on me or on my things
- Police said they found the victim's teeth marks on me
- Police said they found my teeth marks on the victim
- Police said I had the victim's property or belongings

Use this space to tell us about any other important evidence that the police recovered in the investigation of your case:

---

---

---

---

---

New evidence that shows I was wrongly convicted:

Please check every box for every statement **that is true**. You can check as many boxes as you need to. If none applies, check the box saying, "None of the above statements applies to me."

A witness/informant who testified against me has recanted or changed their testimony.

There is new evidence that proves my innocence that wasn't available when I went to trial or entered my plea.

Briefly explain what evidence:

---

---

---

---

There is new evidence that shows my trial was unfair that wasn't available when I went to trial or entered my plea.

Briefly explain what evidence:

---

---

---

---

There was scientific testimony at my trial that was wrong or has been discredited.

Briefly explain what testimony:

---

---

---

---

There is DNA in my case that was never tested.

An officer involved in my case was later found to be dishonest, biased, or corrupt.

Name of officer: \_\_\_\_\_

None of the above statements applies to me.

**Your Claim of Wrongful Conviction**

1. Please tell us why you believe you were wrongly convicted of the crime or crimes:

---

---

---

---

2. Where were you at the time the crime or crimes happened?

---

---

---

---



3. Who, or what, could prove where you were at the time of the crime?

---

---

---

---

4. Do you have information about who may have committed the crime?

---

---

---

---

5. Who has information that would show that you were wrongly convicted?

Name: \_\_\_\_\_

Address and Phone number: \_\_\_\_\_

What does this person know? \_\_\_\_\_

---

Did this person testify at trial?    Yes    No    I'm not sure

Name: \_\_\_\_\_

Address: \_\_\_\_\_

What does this person know? \_\_\_\_\_

---

Did this person testify at trial?    Yes    No    I'm not sure

Name: \_\_\_\_\_

Address: \_\_\_\_\_

What does this person know? \_\_\_\_\_

---

Did this person testify at trial?    Yes    No    I'm not sure

Name: \_\_\_\_\_

Address: \_\_\_\_\_

What does this person know? \_\_\_\_\_

\_\_\_\_\_

Did this person testify at trial?    Yes    No    I'm not sure

6. If you believe your trial was unfair, please explain why:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. What other information would be helpful for us to know about your case?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this Application, I am asking the Conviction Review Unit, a division of the Minnesota Attorney General's Office, to review my conviction. I understand that I am providing this information to a prosecutor's office. I understand that the Minnesota CRU does not and cannot represent me. Instead, the CRU can assist me by cooperatively investigating my case and recommending that action be taken to correct an injustice.

I affirm that the information in this application is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please return completed form to:

Office of Minnesota Attorney General Keith Ellison  
Attn: Conviction Review Unit  
445 Minnesota Street  
Suite 1400  
St. Paul, MN 55101