

Complete this Conviction Review Application to apply to our office to have a conviction reviewed. All information must be provided. Please provide copies of any documents that support your Application, but do not send original documents or your only copies of any documents. This Conviction Review Application and supporting documents may be mailed to:

Office of the State Attorney
Ninth Judicial Circuit
Attn: Conviction Integrity Unit
415 N. Orange Ave
Orlando, FL 32801

Please provide the defendant's information. A section has been provided for additional information if the applicant is not the defendant. The following guidelines govern acceptance for review of any Conviction Review Application:

1. The conviction **originated from** the Ninth Judicial Circuit (Orange County or Osceola County).
2. There is a plausible claim of innocence (i.e. there is clear and convincing evidence that the defendant did not commit or participate in the crime charged *or* there is a conviction where the investigation reveals facts, circumstances, and/or events which so grossly corrupted the fact-finding process as to substantially deny the defendant a fair adjudication of his/her guilt or innocence at trial, or, if the conviction was obtained by a guilty plea, prevented the defendant from making a knowing decision to plead guilty).
NOTE: There is a heightened showing of innocence that needs to be met for the Conviction Integrity Unit to review where the conviction was the result of a plea of guilty or no contest.
3. The claim is capable of being investigated and resolved, and, if substantiated, would support the innocence of the defendant.
4. Conviction Review Applications for review of serious felony convictions where the defendant is currently incarcerated will take precedence over all other Conviction Review Applications.
5. Requesting review of your case by our office will not extend the time you have to pursue post-conviction remedies, such as filing an appeal or post-conviction motions. You need to pursue those remedies separately.
6. Acknowledgment of receipt of the Conviction Review Application by the State Attorney's Office does not indicate acceptance of the case for investigation or the validity of the claim of innocence.
7. Applications will be considered whether the defendant:
 - a. Is in or out of custody;
 - b. Is deceased;
 - c. Has exhausted appeals; or
 - d. Pled guilty.



Andrew Bain
State Attorney
Ninth Judicial Circuit
Orange and Osceola County, Florida

CONVICTION REVIEW APPLICATION

DEFENDANT'S INFORMATION

Complete the Defendant's information below

Today's Date: _____

Defendant's

Name: _____

Date of Birth: _____

Address: _____

DOC Number (if
applicable): _____

Case

Number: _____

Charge(s): _____

Date of

Conviction: _____

Former

Attorney(s): _____

If this form is filled out by someone other than the Defendant:

Applicant's

Name: _____

Relationship to the

Defendant: _____

Applicant's Contact

Information: _____

Has the Defendant given you permission to file this application on
his/her behalf?

Yes _____ No _____

CASE INFORMATION

CASE INFORMATION

1. What is the basis for your application for review?

Actual innocence (Defendant did not commit the crime) ***and (check all that apply)***

The witness/informant has recanted or changed his or her testimony

The Defendant has an alibi (please provide contact information below):

The Defendant has newly discovered evidence (please explain below):

There is DNA in this case that was not tested.

There is an issue with the scientific evidence or expert witness (please explain below):

The police officer in my case has been arrested.

• Officer's name and badge number: _____

• How do you believe this impacts your case? _____

Other (please provide more detail below):

2. Please explain in detail how the Defendant is innocent of the charges and why you believe our office should review this case:

3. Please explain how the Defendant came to be arrested:

4. Is there any evidence that supports your claim(s)?

Was this evidence previously presented to a judge or jury?

yes _____ no _____

If yes, please provide details about the rulings and how this evidence impacts your claim of innocence:

5. Please provide the names and phone numbers of witnesses or alibis, or any other person with relevant information, whom you think will provide information verifying your claims and whom we should contact:

6. Was the conviction the result of (select one):

trial _____ guilty plea _____ no contest plea _____

15. Please provide any additional information you think is relevant to review this case:

Submitting the form via U.S. Mail:

You can save and print this application and mail it directly to the Conviction Integrity Unit along with other documents to the following address:

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Ninth Judicial Circuit
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