Office of the State Attorney Fifteenth Judicial Circuit of Florida www.sa15.state.fl.us



Conviction Review Unit PETITION FOR REVIEW

Alexcia Cox STATE ATTORNEY

Complete this form in its entirety to petition our office for review of a qualified conviction. Be sure to include copies of any documents that support your petition/claims. *Do not send original documents or your only copy of any documents.* This form and supporting documents may be mailed to:

Office of the State Attorney Fifteenth Judicial Circuit Attn: Conviction Review Unit 401 N. Dixie Highway West Palm Beach, FL 33401

Where "petitioner" is indicated, provide defendant information. A section has been provided for additional information if the applicant is not the petitioner/defendant. The following requirements govern acceptance for review of any petition:

- **1.** The Petitioner must have been convicted by the Office of the State Attorney for the Fifteenth Judicial Circuit (Palm Beach County).
- **2.** The Petitioner was convicted of a felony offense (the judgment and sentence have been rendered).
- **3.** The Petitioner cannot be deceased.
- **4.** The Petitioner's direct appeal has become final, the mandate has been issued, all collateral and postconviction remedies have been exhausted and there is no pending litigation.
- **5.** The petition must present a plausible claim of <u>actual innocence</u>.
- **6.** The claim must be supported by information or evidence not previously litigated before the original trier of fact (jury or judge).
- 7. The allegations contained in the petition must be capable of being investigated and resolved and if substantiated, would bear directly on the issue of innocence.
- **8.** By submitting this petition, the petitioner agrees to waive any attorney-client privilege with the attorney who handled the case resulting in the conviction.

The Conviction Review Unit ("CRU") does not review lawful sentences. The CRU does not review affirmative defenses, claims, or information/evidence previously considered and litigated before the original finder of fact (jury or judge).

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Initial each statemen	t below to indicate your understanding and agreement:				
conviction remedies,	riew of your case by our office will not toll the time you have to pursue post such as filing an appeal or postconviction motion. You need to pursue those and before requesting CRU review.				
Acknowledgment of receipt of the petition by the State Attorney's Office does not indicate acceptance of the case for investigation, nor does it infer acceptance of the validity of the claim of innocence. I have read and understand the policies and regulations of the Fifteenth Judicial Circuit Conviction Review Unit. PETITIONER INFORMATION					
Today's Date:					
Name:					
Other Names or Nicknames					
Address:					
Date of Birth:					
DOC Number:					
Case Number:					
Charge(s):					
Date of Conviction:					
Are you fluent in Eng	lish? If not, what is your primary language?				
Are you currently rep	resented by an attorney? Yes No				

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If yes, who is your current attorney:

Important: If you are currently represented by an attorney, the CRU will only communicate with your attorney. You should consult your attorney prior to submitting your petition; your attorney may want to wait to submit the petition or submit the petition on your behalf.¹

Former attorney(s) in this case:
If this form is filled out by someone other than the Defendant/Petitioner:
Applicant's Name:
Relationship to Petitioner:
Applicant's Contact Information:
<u>CASE INFORMATION</u>
1. Was an appeal filed in this case?YesNo
If yes, provide status information and case numbers:
2. Have any post-conviction motions been filed in this case? Yes No
If yes, provide status information:
3. Have you filed any Habeas Corpus actions in State or Federal Court? Yes No
If yes, provide status information:
4. Have you contacted an innocence organization/project about your case? Yes No
If yes, which organization and have they started an investigation of your case?
5. Was there any DNA in this case? Yes No
6. Have you filed a 3.853 motion pursuant to Florida Statute, Section 925.11? Yes N
If Yes, provide status information:

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¹ The State Attorney's Office cannot provide legal advice. Please consult with an attorney prior to submitting a petition if you need assistance or have any questions regarding anything contained in this petition.

7.	Was your conviction the result of (check one): a trial / guilty plea / no contest plea						
8.	Name of Judge who presided over the case:						
9.	. Sentence imposed:						
10.	10. Are you currently incarcerated? Yes No						
11.	Are you currently on probation or parole? Yes No						
12.	If you were convicted of multiple felony counts, are you now asserting that you are innocent						
	of all those charges? Yes No						
If r	no, please specify the charges (or counts) for which you assert you are innocent:						
13.	Did you provide a statement to law enforcement? Yes No						
14.	Did you testify at trial? YesNo						
15.	What is the basis for your petition for review? Check all that apply. I am actually innocent (I did not commit the crime). AND The witness/informant has recanted or changed their testimony. I have an alibi. Please provide contact information below. I have newly discovered evidence. Please explain below. There is DNA in my case that was not tested. There is an issue with scientific evidence. Please explain below. There is an issue with an expert witness. Please explain below. The police officer in my case has been arrested. Name of officer and badge number: How do you believe this impacts your case?: How do you believe this impacts your case?:						
	Other (Please provide more detail below):						
16.	Please explain in detail the basis for your petition (how petitioner is innocent of the charges and why you believe our office should review this case).						

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17. Please explain what you were doing the day of the incident and how you came to be arrested
18. Why do you believe you were identified as a suspect in this case? (Please be as detailed as possible.)

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19. What evidence supports your claim(s)?
20. Please provide the names and phone numbers of witnesses or alibis, or any other person with relevant information, whom we should contact that will provide information to verify your claim.

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•	ou provide a swoi i have information				No
or ple	u know of anythir I guilty? What is changed his or her s	the new eviden	ce and how does	s it prove you are	e innocent? (H
Include	as many details as po	ssible.)			

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24. Please provide any additional information you think is relevant to review your case. (Please feel free to use additional paper if needed.)

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25. How did you hear about the Co	onviction Review Unit? Check all that apply:
-	engine (ex. Google) Fellow inmate Defense Attorney (please explain)
stated in it are true and that my signat	cclare that I have read the foregoing petition and that the facts ture acknowledges my agreement to waive attorney-client e case(s) resulting in the underlying conviction.
Date	Signature of Claimant/Declarant
Print Name	_

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