



OFFICE OF  
THE DISTRICT ATTORNEY  
COUNTY OF RIVERSIDE

**APPLICATION FOR CONVICTION REVIEW**

MICHAEL A. HESTRIN  
DISTRICT ATTORNEY

Applicant's Name: \_\_\_\_\_ CDCR/Booking No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

Attorney/Representative: \_\_\_\_\_ Atty./Rep. Phone: \_\_\_\_\_

Address/Correctional Facility: \_\_\_\_\_

Riverside Case No.: \_\_\_\_\_ Crimes Convicted: \_\_\_\_\_

Year of Conviction: \_\_\_\_\_ Defense Attorney: \_\_\_\_\_

The Conviction Review Committee of the Riverside County District Attorney's Office investigates claims of *actual* innocence exclusively and retains complete discretion to deny an application for conviction review.

**Requirements:** In order to qualify for a conviction review by the Riverside County District Attorney's Office, the case and applicant must meet the following criteria:

- a. The conviction must have occurred in the Superior Court, County of Riverside;
- b. The conviction must not be based on a guilty plea or confession, unless there is a significant showing of coercion or lack of voluntariness;
- c. The applicant must be in custody, serving time on the sentence imposed for the asserted wrongful conviction;
- d. The conviction must be for a violent and/or serious felony as listed in Penal Code sections 667.5(c) or 1192.7(c), or a felony with a significant sentence or a significant collateral consequence;
- e. The application for review must be based on credible and verifiable evidence of innocence;
- f. The application must not be based solely on asserted legal error or ineffective assistance of counsel; and
- g. The applicant agrees to fully cooperate with the District Attorney's Office, which includes providing disclosure of all relevant information during the review process.
- h. Any other case where the office determines that justice requires review.

**Information Needed:** The applicant or his or her representative must complete the form above and below in order to make a conviction review request (additional pages may be used if necessary):

**Description of Applicant's Claim of Innocence:** \_\_\_\_\_

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Provide a brief summary of the proof that exists supporting applicant's claim of innocence (attach any relevant documentation such as declarations, reports, or testimony): \_\_\_\_\_

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Has this claim of innocence been considered by another entity or organization such as an Innocence Project, the ACLU, or a habeas or appellate attorney? Please identify: \_\_\_\_\_

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Do you give us permission to discuss your case with the innocence project with whom you previously discussed your claim?

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Was DNA used to convict applicant, or is DNA available? If so, explain: \_\_\_\_\_

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List all case numbers from state or federal appeals and habeas corpus proceedings: \_\_\_\_\_

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Additional Relevant Information: \_\_\_\_\_

Return the completed application and all other relevant information to the following address via U.S. Mail, fax, or email (please do not send original documents):

Riverside County District Attorney's Office  
Conviction Review Committee  
3960 Orange Street  
Riverside, CA 92501  
Fax: 951-955-9566  
[Appellate-Unit@rivcoda.org](mailto:Appellate-Unit@rivcoda.org)