

OFFICE OF THE
DISTRICT ATTORNEY
COUNTY OF SANTA BARBARA

JOYCE E. DUDLEY
District Attorney



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Chief Deputy District Attorney

SONIA BALLESTE
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Victim Assistance Director

KELLY A. DUNCAN
Chief Deputy District Attorney

JOHN T. SAVRNOCH
Chief Deputy District Attorney

PATRICK CLOUSE
Chief Investigator

MICHAEL D. SODERMAN
Chief Financial & Administrative Officer

APPLICATION FOR CONVICTION REVIEW

The Conviction Review Unit of the Santa Barbara 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 Santa Barbara County District Attorney's Office, the case and applicant must meet the following criteria:

- a. The conviction must have occurred in Santa Barbara County;
- b. The conviction must be for a violent and/or serious felony as defined by Penal Code section 667.5(c) and 1192.7(c)(1)-(42), or involve a felony conviction with significant collateral consequences;
- c. The application must be made by the convicted person, his/her attorneys, or an Innocence Project working on his/her behalf. Applications made by others will be accepted if consent of the convicted person is obtained in writing;
- d. The application for review must raise a meaningful claim of factual innocence and not be merely a request for resentencing, a reweighing of conflicting evidence or relief from collateral consequences; and
- e. The application must be based on credible and verifiable evidence of innocence, or new technologies that came into existence after the conviction.

Information Needed: Applicants or their representatives must complete the form below to the best of their ability in order to make a conviction review request (you may use additional pages if needed):

Applicant's and representative's names(s) (including any aka's): _____

Correctional Facility: _____

CDCR No./Booking No.: _____ **Superior Court No.:** _____

List the crime(s): _____

Date of Conviction: _____ **Defense Attorney:** _____

Applicant/Representative Contact Information: _____

SANTA BARBARA OFFICE
1112 Santa Barbara Street
Santa Barbara, CA 93101
Tel: (805) 568-2300
Fax: (805) 568-2453

SANTA MARIA OFFICE
312-D East Cook Street
Santa Maria, CA 93454
Tel: (805) 346-7540
Fax: (805) 346-7588

LOMPOC OFFICE
115 Civic Center Plaza
Lompoc, CA 93436
Tel: (805) 737-7760
Fax: (805) 737-7732

Describe applicant's claim of innocence: _____

What proof exists that supports applicant's claim of innocence? Attach any relevant documentation (declarations, testimony, evidence, etc.) and any other information that would assist in verifying the claim of innocence._____

Has applicant submitted the same or similar claim of innocence to any other organization including, but not limited to, an Innocence Project, the ACLU, or criminal trial/appellate attorney? If so, please list and include any pertinent address or contact information.

Was DNA used to convict applicant? If so, describe._____

Is there any past or current appellate litigation in the case (an appeal or petition for writ of habeas corpus)?_____

State or Federal?_____ **Appeal No./Writ Case No.** _____

Return the completed application and all other relevant information to the following address via US Mail, fax or email:

Santa Barbara County District Attorney's Office
1112 Santa Barbara Street
Santa Barbara, CA 93110
Fax (805) 568-2398 DA_CRU@co.santa-barbara.ca.us

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