



CONVICTION REVIEW REQUEST FORM

The following information is required for the Conviction Review Unit to consider your request and determine whether the conviction will be reviewed:

DISTRICT ATTORNEY
LARRY D. MORSE II

550 W. Main Street
Merced, CA 95340
Phone (209) 385-7381
Fax (209) 725-3669

Chief Deputy District Attorney
HAROLD L. NUTT

Chief Deputy District Attorney
ROBERT O. CARROLL

Director of Administrative Services
JEANNETTE M. PACHECO

INVESTIGATIONS
(209) 385-7383

Chief Investigator
WILLIAM K. OLSON

VICTIM WITNESS
(209) 385-7385

Victim Witness Program Director
LISA DeSANTIS

LOS BANOS DIVISION
445 I Street

Los Banos, CA 93635
Phone (209) 710-6070
Fax (209) 827-2029

1. Convicted person's name: _____
2. Convicted person's date of birth: _____
3. Is the convicted person incarcerated? Yes No
4. If presently incarcerated, please provide:
 - a. CDC Number: _____
 - b. Prison where incarcerated: _____
 - c. Cell location: _____
 - d. Address: _____
 - e. City, State, Zip Code: _____
5. Court where the person was sentenced:

6. Court Case Number: _____
7. Provide the Penal Code section of the crime(s) the person was convicted of:

8. Date convicted: _____
9. Date sentenced: _____
10. Sentence received: _____
11. Release date: _____
12. How was the person convicted?
 - a. Jury Trial
 - b. Court Trial
 - c. Guilty Plea
 - d. No Contest Plea

13. Is the conviction currently being challenged on appeal? Yes No
14. Is there a habeas corpus petition currently pending before a court? Yes No
15. Has a habeas corpus petition ever been filed regarding the conviction? Yes No
16. Did the person who was convicted give a statement to law enforcement when arrested?
Yes No

17. Did the convicted person testify in the trial? Yes No

18. What new evidence, if any, exists that was not known at the time of trial? Attach additional pages if extra space is needed.

19. State the reason(s) the conviction should be reviewed. Attach additional pages if extra space is needed.

20. You may attach additional documents to this questionnaire to assist the Conviction Review Unit's examination of your request.

21. If this request is being submitted by someone other than the person convicted, please state your relationship to the person convicted:

22. If this request is being submitted by someone other than the person convicted, have you obtained the written consent of the convicted person to file this request? Yes No

23. If you answered yes to No. 22, please attach a copy of the convicted person's written consent.

24. Please provide your name, address, phone number and email address so that we may contact you:

Date: _____

Signature of Claimant

Type / Handwritten Name

Once this request form is received by the Merced County District Attorney's Office, you will be contacted and informed of the status of your request.