



OFFICE OF THE DISTRICT ATTORNEY GENERAL

GLENN R. FUNK
District Attorney General

Conviction Review Unit

Request No. _____
(To be supplied by the DA's Office)

CONVICTION REVIEW REQUEST

INSTRUCTIONS –READ CAREFULLY

The Davidson County District Attorney General's Office may review, upon request, certain convictions that occurred in Davidson County. This questionnaire is considered a person's request to have such a conviction reviewed.

IF THE MATTER YOU WANT REVIEWED DID NOT RESULT IN A CONVICTION, STOP HERE. YOU DO NOT NEED TO GO FURTHER. MATTERS THAT DO NOT RESULT IN A CONVICTION WILL NOT BE REVIEWED.

IF THE CONVICTION YOU WANT REVIEWED OCCURRED IN ANOTHER COUNTY OR IN A FEDERAL COURT, STOP HERE. YOU DO NOT NEED TO GO FURTHER. CONVICTIONS THAT OCCUR OUTSIDE OF DAVIDSON COUNTY OR IN A FEDERAL COURT WILL NOT BE REVIEWED.

Once completed, mail this questionnaire and attached documents to:

Office of the District Attorney General
20th Judicial District, Davidson County
Conviction Review Unit
Washington Square, Suite 500
222 2nd Avenue North
Nashville, TN 37201-1649

or email the completed questionnaire and attached documents to robertjones@jis.nashville.org

The following information is required for the Conviction Review Unit of the Davidson County District Attorney General's Office to consider your request and determine whether the conviction will be reviewed:

1. Convicted defendant's name: _____
last first middle
2. Convicted defendant's date of birth: _____
month day year

CRIMINAL DIVISION • 20TH JUDICIAL DISTRICT • DAVIDSON COUNTY

Washington Square, Suite 500 • 222 2nd Avenue North • Nashville, TN 37201-1649
Tel. 615 862-5500 • Fax 615 862-5599

3. Convicted defendant's Social Security number: _____

4. Convicted defendant's race: _____ Primary language: _____

5. Is the convicted defendant incarcerated? Yes ___ No ___

6. If presently incarcerated, please provide the following information:

a. TOMIS No. (Tennessee Department of Correction Inmate number): _____

b. Prison where incarcerated: _____

c. Address of prison: _____
street city state zip

7. If not incarcerated, please provide the contact information for the convicted defendant:

a. Home address: _____
street city state zip

b. Mailing address: _____
street city state zip

c. Phone number: _____
home cell

d. Email address: _____

8. Name and division of the court where the defendant was convicted and sentenced:

Name of Court Division

9. Davidson County Court Docket Number(s):

10. Tennessee Court of Criminal Appeals & Tennessee Supreme Court Docket Number(s):

11. Crime(s) the defendant was convicted of:

12. Date convicted:

month

day

year

13. Date sentenced:

month

day

year

14. Sentence received:

15. Expected release date:

month

day

year

16. How was the defendant convicted? (Please check which one below.)

a. Jury Trial _____

b. Judge Trial _____

c. Guilty Plea _____

d. No Contest Plea _____

e. Best Interest Plea _____

17. Trial Attorney (represented the defendant in the trial court):

a. Name: _____

last

first

middle

b. Address: _____

street

city

state

zip

c. Phone Number: _____

office

cell

d. Email Address: _____

18. Appellate Attorney:

a. Name: _____

last

first

middle

b. Address: _____

street

city

state

zip

c. Phone Number: _____

office

cell

d. Email Address: _____

19. Current Attorney (if an attorney is assisting with this Conviction Review Request):

- a. Name: _____
last (3) first middle
- b. Address: _____
street city state zip
- c. Phone Number: _____
office cell
- d. Email Address: _____

20. Name(s) and contact information for any attorney(s) that represented the defendant on any state or federal petitions after the appeal (for example, Writ of Habeas Corpus):

21. Name of court(s), type of petition(s) and docket number(s) for any state or federal petitions, filed on behalf of the defendant after the appeal, that have been heard or are pending:

22. Is the conviction currently being challenged on appeal? Yes ___ No ___
23. Is there a Post Conviction Relief Petition pending? Yes ___ No ___
24. Has a Post Conviction Relief Petition been filed before? Yes ___ No ___
25. Is there a Writ of Error Coram Nobis Petition pending? Yes ___ No ___

26. Has a Writ of Error Coram Nobis Petition been filed before? Yes ___ No ___
27. Is there a Habeas Corpus Petition pending before any court? Yes ___ No ___
28. Has a Habeas Corpus Petition ever been filed before in any court? Yes ___ No ___
29. Did the defendant give a statement to law enforcement? Yes ___ No ___
30. If there was a trial, did the defendant testify in the trial? Yes ___ No ___
31. What new evidence, if any, exists that was not known at the time of trial? Please provide current contact information for any witnesses who have knowledge of that evidence. If you need extra space, you may attach additional pages to this request.

32. Please state the reason(s) the conviction should be reviewed. If you need extra space, you may attach additional pages to this request.

33. You may attach exhibits or documents to this questionnaire to assist the Conviction Review Unit's examination of your request.

34. If this request is being submitted by someone other than the convicted defendant, please attach the written consent of the convicted defendant to this request.

35. If submitted by someone other than the convicted defendant, please provide so that we can contact you:

a. Your name _____
last first middle

b. Your address _____
street city state zip

c. Your phone number _____
home cell

d. Your email address _____

e. Your relationship to the convicted defendant _____

34. If submitted by the convicted defendant, please sign below:

Signature of Claimant

Type or Print (Handwrite) Name

Date: Month Day Year

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