



## OFFICE OF THE DISTRICT ATTORNEY GENERAL

GLENN R. FUNK  
District Attorney General

### CONVICTION REVIEW REQUEST

Convicted defendant's name: \_\_\_\_\_  
last first middle

Request No. \_\_\_\_\_ (to be supplied by the DA's Office)

#### 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 AN APPEAL, PETITION, OR WRIT IS PENDING IN THIS MATTER, THE CONVICTION REVIEW UNIT WILL NOT CONSIDER THE MATTER UNTIL A DETERMINATION IS MADE BY THE COURT.**

**IF AN APPEAL, PETITION OR WRIT IS FILED AFTER A CONVICTION REVIEW IS REQUESTED, THE CONVICTION REVIEW PROCESS WILL BE TEMPORARILY HALTED UNTIL THE COURT MAKES A DETERMINATION.**

**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  
20<sup>th</sup> Judicial District, Davidson County  
Conviction Review Unit  
Washington Square, Suite 500  
222 2<sup>nd</sup> Avenue North  
Nashville, TN 37201-1649

**ALL COMMUNICATION WILL BE IN WRITING. PLEASE DO NOT CALL OR HAVE ANYONE CALL THE DISTRICT ATTORNEY'S OFFICE.**

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

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 date of birth: \_\_\_\_\_  
month                      day                      year
  
2. Last four digits of convicted defendant's Social Security number: \_\_\_\_\_
  
4. Is the convicted defendant incarcerated?                      Yes \_\_\_\_                      No \_\_\_\_
  
5. 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
  
6. 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: \_\_\_\_\_
  
7. Name and division of the court where the defendant was convicted and sentenced:  
\_\_\_\_\_  
Name of Court                      Division
  
8. Davidson County Court Docket Number(s):  
\_\_\_\_\_
  
9. Tennessee Court of Criminal Appeals & Tennessee Supreme Court Docket Number(s):  
\_\_\_\_\_

10. Defendant's conviction(s) to be reviewed:

\_\_\_\_\_

11. Date convicted:

\_\_\_\_\_ month day year

12. Date sentenced:

\_\_\_\_\_ month day year

13. Sentence received:

\_\_\_\_\_

14. Expected release date:

\_\_\_\_\_ month day year

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

- a. Jury Trial \_\_\_\_\_
- b. Bench (Judge) Trial \_\_\_\_\_
- c. Guilty Plea \_\_\_\_\_
- d. Guilty Plea (Best Interest) \_\_\_\_\_
- e. Nolo Contendre (No Contest) Plea \_\_\_\_\_

16. Trial Attorney (represented the convicted defendant in the trial):

a. Name: \_\_\_\_\_  
last first middle

b. Address: \_\_\_\_\_  
street city state zip

c. Phone Number: \_\_\_\_\_  
office cell

d. Email Address: \_\_\_\_\_

17. Appellate Attorney (represented the convicted defendant in the appeal):

a. Name:

\_\_\_\_\_ last first middle

b. Address:

\_\_\_\_\_ street city state zip

c. Phone Number:

\_\_\_\_\_ office cell

d. Email Address: \_\_\_\_\_

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

a. Name:

\_\_\_\_\_ last first middle

b. Address:

\_\_\_\_\_ street city state zip

c. Phone Number:

\_\_\_\_\_ office cell

e. Email Address: \_\_\_\_\_

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

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

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21. Is the conviction currently being challenged on appeal? Yes \_\_\_ No \_\_\_

22. Is there a Post Conviction Relief Petition pending? Yes \_\_\_ No \_\_\_

23. Has a Post Conviction Relief Petition been filed before? Yes \_\_\_ No \_\_\_

24. Is there a Writ of Error Coram Nobis Petition pending? Yes \_\_\_ No \_\_\_

25. Has a Writ of Error Coram Nobis Petition been filed before? Yes \_\_\_ No \_\_\_

26. Is there a Habeas Corpus Petition pending before any court? Yes \_\_\_ No \_\_\_

27. Has a Habeas Corpus Petition ever been filed before in any court? Yes \_\_\_ No \_\_\_

28. Did the convicted defendant give a statement to law enforcement? Yes \_\_\_ No \_\_\_

29. If there was a trial, did the convicted defendant testify in the trial? Yes \_\_\_ No \_\_\_

**If the answer to either 21, 22, 24 or 26 is yes, a conviction review will not be done while those court actions are pending.**

30. 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.

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

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

33. 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.

34. 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 \_\_\_\_\_

35. 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.