

CONVICTION REVIEW REQUEST

Instructions for Application:

The Davidson County District Attorney's Conviction Review Unit ("CRU") may review, upon request, certain convictions that occurred in Davidson County. Please be advised of the following:

- The CRU **does not consider** any matter that did not result in a conviction or any conviction that is not under the jurisdiction of Davidson County (e.g. any other county or a conviction from federal court).
- In specific situations, where there is new, verifiable evidence of actual innocence not presented previously to a jury, the CRU **will, with discretion, consider** convictions pending appeal or post-conviction in the Davidson County Criminal Court, but must communicate only with counsel if the applicant is represented. Please provide the name of your current attorney if this applies to you. You must inform the CRU of all pending or planned litigation.
- All communication from the CRU will be in writing and directly to applicant or applicant's attorney. Do not call the District Attorney's Office or have anyone call on your behalf.

THERE IS NO GUARANTEE THE CONVICTION REVIEW UNIT WILL ACCEPT YOUR REQUEST FOR REVIEW OR FURTHER INVESTIGATE YOUR CONVICTION.

RECEIPT OF YOUR APPLICATION IN NO WAY TOLLS OR EXTENDS THE TIME YOU HAVE TO PURSUE POST-CONVICTION REMEDIES SUCH AS FILING AN APPEAL OR POST-CONVICTION MOTIONS.

THE CONVICTION REVIEW UNIT IS AN ARM OF THE NASHVILLE DISTRICT ATTORNEY GENERAL'S OFFICE. RECEIPT OF YOUR APPLICATION DOES NOT CREATE AN ATTORNEY-CLIENT RELATIONSHIP AND DOES NOT CONSTITUTE LEGAL ADVICE. IF YOU HAVE NOT DONE SO, WE STRONGLY ENCOURAGE YOU TO SEEK THE ADVICE OF AN ATTORNEY TO ENSURE YOUR RIGHTS CONTINUE TO BE PROTECTED AND YOU HAVE EXPLORED ALL AVAILABLE LEGAL REMEDIES.

I HAVE FULLY READ AND FULLY UNDERSTAND THESE INSTRUCTIONS AND NOTICES.

Signature of Applicant

Typed or Printed Name

Date

Applications may be mailed to:

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

Please provide the following information to be considered for conviction review. Please fill out the form completely. Failure to do so may result in denial of your application.

Convicted Applicant Name: _____
(Last) (First) (Middle)

Is an attorney filling out this application?

If yes:

Name: _____

Phone/Email: _____

Applicant's Date of Birth: _____

Applicant's last 4 digits of Social Security Number: _____

Is the Applicant incarcerated? Yes _____ No _____

If the answer is Yes, please give TOMIS number and the prison where applicant is serving sentence:

If the answer is No, please give contact information for the applicant (mailing address; phone number; and email address)

Home address: _____

Mailing address: _____

Phone Number: _____

Email address: _____

Davidson Co. Case No.: _____ Date Sentenced: _____

Conviction Offense(s): _____ Sentence Length: _____

Expected Parole/Release date: _____

How was the applicant convicted? (please select one)

Jury Trial _____

Bench (Judge Trial) _____

Guilty Plea _____ (Please indicate if plea was No Contest or Best Interest)

Has this conviction been challenged on appeal, post-conviction or by any other state or federal remedy?

Yes _____ No _____

If any litigation is still pending, please answer:

Current Pending matter: _____

Court: _____

Case No. _____

Attorney of Record: _____

Any additional information:

Attorney(s) of Record:

Who represented the applicant at the trial level?

Contact information for trial attorney:

Who represented the applicant on appeal or post-conviction?

Contact information for appellate attorney:

Please name and give contact information for any other attorney(s) that represented the applicant in any post-appellate state or federal petitions:

You are encouraged to attach exhibits or documents to this application to assist the CRU's evaluation of your request.

If this request is being submitted by someone other than the convicted defendant, please attach the written consent of the convicted applicant to this request and provide your name and contact information. **CORRESPONDENCE WILL BE ONLY WITH THE CONVICTED APPLICANT OR THEIR ATTORNEY.**

If submitted by the convicted applicant, please sign below:

Signature of Applicant

Typed or Printed Name

Date