



Conviction Review Request Form

Mail to: El Paso County District Attorney's Office
Conviction Integrity Review Committee
500 E. San Antonio, Room 201
El Paso, Texas 79901
Email to: CICDA@epcounty.com

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

1. Convicted person's name: _____

2. Convicted person's date of birth (MM/DD/YYYY): _____

3. Is the convicted person incarcerated?

Yes No

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

a. CDC Number: _____

b. Prison where incarcerated: _____

c. Cell location: _____

d. P.O. Box: _____

e. City, State, Zip: _____

5. Name and location of the court where the person was convicted and sentenced:

6. El Paso County Case Number: _____

7. Date convicted: _____

8. Provide the Penal Code section of the crime(s), including any enhancements/allegations, the person was convicted of:

9. Date sentenced: _____

10. Sentence received: _____

11. Expected 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 convicted person ever give a statement to law enforcement when arrested?

Yes

No

17. If there was a trial, did the convicted person testify in the trial?

Yes

No

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

19. Please state if there is new evidence (not known at the time of trial) relevant to the conviction. If you need extra space, you may attach additional pages to this request.

20. You may attach copies of exhibits or documents to this questionnaire to assist the Conviction Integrity Review Committee's examination of your request. Please retain all original documentary evidence for your records.

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

22. If this request is being submitted by someone other than the convicted person, have you obtained written consent of the convicted person to file this request? If so, please provide the consent.

Yes No

23. Please provide the information below so we may contact you.

Submitter's full name:

Telephone number:

Address (Number, Street, City, State, and Zip code):

Email:

If attorney, State Bar #:

Date: _____

Signature of claimant

Type/print name

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