

MONROE COUNTY DISTRICT ATTORNEY COLLATERAL CONSEQUENCE REVIEW

NAME: _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

WAIVER/ INDICTMENT NUMBER: _____ DATE OF CONVICTION: _____

CHARGE(S) OF CONVICTION: _____

ORIGINAL SENTENCE: _____

NAME OF THE ATTORNEY WHO REPRESENTED YOU
AT THE TIME OF CONVICTION: _____

NAME OF THE JUDGE WHO SENTENCED YOU: _____

Please return this application to:

MONROE COUNTY DISTRICT ATTORNEY'S OFFICE
CONVICTION INTEGRITY UNIT
47 SOUTH FITZHUGH STREET
ROCHESTER, NEW YORK 14614

Please complete this submission form as fully as possible.
If you do not know the answer to a question, you may leave it blank.

WARNING: THE DISTRICT ATTORNEY'S OFFICE'S CANNOT PROVIDE YOU WITH
INFORMATION AS TO WHEN THE REVIEW OF THIS SUBMISSION WILL BE COMPLETED.
DUE TO THE HIGH VOLUME OF REQUESTS, IT WILL BE SOME TIME BEFORE WE CAN
REVIEW YOUR SUBMISSION.

MONROE COUNTY COLLATERAL CONSEQUENCE REVIEW CERTIFICATION

The applicant must certify all of the following and indicate such agreement by initialing to the right of each statement and signing below.

1. I certify that all of the statements contained in my application are true and accurate. _____
2. I acknowledge that providing false information will result in the rejection of my submission to the Collateral Consequence Unit ("CIU"). _____
3. I consent to being interviewed by the CIU concerning the conviction that is the subject to this application, to cooperate with this office's investigation, and to provide access to any evidence or other information concerning the conviction that is available to me. _____
4. I acknowledge that if I fail to cooperate with the CIU's investigation into my claim, the CIU may reject my application and/or terminate any further investigation. _____
5. I understand that the CIU may determine that my case does not meet the criteria for further case review and may, at any point, reject my application. If my application is rejected, I have no right to appeal that rejection. _____
6. I understand that the Monroe County District Attorney and the CIU DO NOT represent me and that none of my communications with them are subject to the attorney/client privilege. I further understand that the Monroe County District Attorney and the CIU cannot offer me legal advice. _____
7. I understand I have a right to seek the assistance of counsel to advise me through this application and application process. _____

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE STATEMENTS. BY INITIALING THE STATEMENT AND SIGNING BELOW, I UNDERSTAND AND AGREE TO COMPLY WITH THE TERMS HEREIN. NO ONE HAS TOLD ME TO AGREE TO ANYTHING THAT I OPPOSE OR DO NOT UNDERSTAND. I UNDERSTAND THAT I HAVE A RIGHT TO SEEK THE ASSISTANCE OF AN ATTORNEY BEFORE SIGNING THIS CERTIFICATION. I AM SIGNING THIS CERTIFICATION VOLUNTARILY AND OF MY OWN FREE WILL.

Dated: _____

NAME (PRINT): _____

SIGNATURE: _____

1. Do you presently have a lawyer? If so, please provide your lawyer's name, address and phone number:

2. How were you convicted?

- I was found guilty after a jury trial
- I was found guilty after a bench (judge only) trial
- I pled guilty

3. Were there plea negotiations prior to conviction? Yes or No

If yes, please describe the nature of the plea offer and why you accepted or rejected it.

4. What civil right or disability (for example, ability to seek housing, employment, or the right to hold certain licenses) are you seeking to restore?

5. Was the loss of the civil right or disability known to you at the time of your plea?

6. How did your conviction(s) impact your civil rights or disability?

7. Tell us about your rehabilitation efforts, if any, since your conviction.

8. Have you been convicted of any offense (other than a speeding ticket or moving violation) in any jurisdiction since your conviction?

9. Please provide proof that your conviction has resulted in the loss of civil rights or disability. Proof may include a letter by an employer or a government agency or a court decision denying your civil right. **PLEASE SEND COPIES ONLY.**

10. Please provide any letters of recommendation you may have from individuals who may help us in our review of your application. **PLEASE SEND COPIES ONLY.**

I affirm that I have been truthful in answering the questions in this form.

Signed: _____

Date: _____