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APPLICATION FOR CRIMINAL CONVICTION REVIEW

INSTRUCTIONS:

1. Please make sure you qualify for the Macomb County CIU by reading the Eligibility section below before you submit this form.
2. Please fill out the Conviction Integrity Unit (CIU) Application below. While the CIU will accept any written document that provides the necessary information, you are encouraged to use the CIU Application.
3. An attorney representing you or another who is authorized by you, may assist you to complete the Application.
4. Please type your answers or print them legibly in ink. If the space provided is not enough, please place your answer on a separate page and attach it to the Application.
5. The CIU's goal is to seek the truth. Since you are taking the time to fill out this form, and submit it, please do so accurately, and to the best of your ability.
6. Please complete the Advice of Rights and Application. Send **both** to the address provided.

ELIGIBILITY:¹

Before you prepare the Application, be sure that you are eligible for review by the CIU. The Conviction Integrity Unit only accepts requests for review that meet **all** the following standards:

1. **Macomb County Conviction:**

You must have been convicted in Macomb County in a case prosecuted by the Macomb County Prosecutor's Office. Federal proceedings and cases that arose in other States or Counties will not be accepted for investigation.

¹ The CIU may consider Applications not meeting all of the Eligibility criteria in exceptional circumstances and where the interests of justice require such action.

2. **Factual Innocence:**

You must present a claim of factual innocence. That is, you played no role in the crime at issue.

3. **Newly Discovered Evidence:**

New, credible, material information must support your claim of factual innocence. This is evidence not specifically addressed by any court. You might know of such evidence, or it may be identified during a CIU investigation into your case.

4. **Finality of Appeals:**

All appeals must be final.

5. **Guilty Plea:**

A guilty plea is eligible for review if you can show factual innocence based on newly discovered evidence as set forth above.

ADVICE OF RIGHTS:

Please read the below statements and place your initials on the line provided to indicate your understanding of the CIU's involvement in your case. ***This form must be returned with the Application.***

1. The CIU is part of the Macomb County Prosecutor's Office. CIU attorneys work on behalf of the State of Michigan/County of Macomb. CIU attorneys do not represent you. As such, there is no attorney client relationship, or privilege (confidentiality) between you and the CIU attorneys. The CIU attorneys will not provide you with legal advice.

_____ **Initials**

2. Submission of your Application to the CIU does not stop or postpone any deadline imposed by law, such as filing an appeal, or any post-conviction motions that may be appropriate.

_____ **Initials**

3. Submission of your Application to the CIU does not guarantee investigation of your claim.

_____ **Initials**

4. The CIU does not guarantee any outcome of any review or investigation. Rejection of your Application can occur during any phase of the CIU process.

_____ **Initials**

5. Conviction Integrity Units are not created by statute or court rule. The Macomb County CIU's mission is to review claims of factual innocence. There is no right of appeal or legal recourse regarding the CIU if your Application is denied. Other legal proceedings, such as motions under MCR 6.500 may be available to you.

_____ **Initials**

6. Any conflict that the Macomb County Prosecutor's Office CIU may have that would disqualify it from investigating your case will be made on a case by case basis. You will be informed if the Macomb County CIU is unable to investigate your case.

_____ **Initials**

7. If you are not represented by an attorney, the CIU may be in direct contact with you to discuss your case. If you are represented by an attorney, the CIU will be in contact with your attorney. The CIU will not interview the attorney who represented you during the trial or at the time of a plea without your permission.

_____ **Initials**

8. No assistant prosecutor, police officer, or investigator who was involved in the case (conviction) under review will participate in the CIU review or investigation. They may be interviewed for factual information.

_____ **Initials**

9. Upon receipt of the Application, the CIU will then determine if your claim is eligible for review. If so, the CIU will conduct further investigation to evaluate your claim of innocence. Such investigation may involve a review of the procedural history, review of police reports, trial transcripts, court filings, testing, etc.

_____ **Initials**

10. The materials and information provided by you will not be shared unless required by law or the Michigan Rules of Professional Conduct. However, the CIU may share its investigation, information, and materials that you provide to the Prosecuting Attorney to discuss any remedy regarding your innocence claim.

_____ **Initials**

11. At the conclusion of the CIU investigation and evaluation of your case, a recommendation may be made to the Prosecutor regarding an appropriate remedy (if any), that should be brought before a court. The Prosecutor will make the final decision about any remedy. Only a Court can act on the final decision of the Prosecutor.

_____ **Initials**

12. You and/or your attorney will be informed about the results of the CIU investigation and any remedy proposed by the Prosecutor.

_____ **Initials**

13. You acknowledge that no promises have been made to you in exchange for any information you may have provided or will provide to the CIU.

_____ **Initials**

14. Your signature on the Application reflects your best effort at truthfully completing it and reflects your understanding of the Eligibility requirements and Advice of Rights.

_____ **Initials**

Printed Name and Date

Signature and Date

APPLICATION

Contact Information

Name: (as it appeared on the court papers in the case)

MDOC Number (if incarcerated within MDOC):

Address or Institutional Assignment:

Phone Number (if available):

Email (if available):

Are you presently represented by an attorney?

Yes No

Attorney's Contact Information:

Name:

Phone:

Email:

Address:

Is the Applicant having someone else prepare this on behalf of the convicted defendant?

Yes No

Contact Information of Person Preparing Application for Convicted Defendant:

Name:

Phone:

Email:

Address:

Nature of Relationship (counsel, parent, wife, friend, etc.):

Persons who are not attorneys and who submit claims with CIU on behalf of a convicted defendant will be asked to provide a letter, signed by that defendant, which authorizes the person to file the Application and to receive information from CIU. Please send the signed and dated letter with the Application.

Do you read, write and speak English? Yes No

Do you read, write and speak another language? Yes No

What is your principal language? _____

What is the highest grade or level of education you attained? _____

Are you a U.S. Citizen? Yes No
(Your answer will not impact whether your Application is reviewed and/or investigated.)

Are you currently part of any deportation proceedings? Yes No

Please provide case number, court and Judge. _____

CONVICTION

Offense Date:	Conviction Date:	Sentence Date:	County (where convicted):
Case Number:		Name of Judge	

Did the conviction arise from a plea or a trial? Plea Trial

If from a trial, was there a jury? Yes No

Indicate the offense[s] for which you were convicted and the sentence[s] imposed.

If you were convicted of multiple counts, are you now asserting that you are innocent of all those charges?

Yes No

If not, specify the charges (or counts) for which you are innocent.

Please provide the docket (or case) number for all direct appeals in the Michigan Court of Appeals or the Michigan Supreme Court.

If you know the citation for a published opinion that an appellate court issued in your case, please provide that citation. If you can, please provide a copy of any appellate decision[s] or order[s] issued in your case.

Other than your direct appeal, have you filed any other court challenge to your conviction?

Yes No

(Motion for Relief from Judgment under the MCR 6.500, a request for federal habeas corpus relief, petition for DNA testing under MCL 770.16, etc.)

Please provide the docket (or case) number for each court case referenced in the box above.

INNOCENCE CLAIM

Provide a list of everyone who has investigated your claim of innocence. If known, please also provide their contact information.

Include investigations by Wayne, Washtenaw, Oakland or Attorney General CIU's; or, the Western Michigan University, Thomas Cooley Innocence Project or University of Michigan Innocence Clinic; or other Innocence Organizations.

Explain your claim of factual innocence, i.e., that you did not commit, or participate in the crime(s) that you were convicted of.

Are you aware of any evidence that was not used or known of at the time of trial that could support your claim of innocence. Explain.

Does your case involve any of the following evidence: (Check all that apply)

DNA <input type="checkbox"/>	Fingerprints <input type="checkbox"/>	Ballistics <input type="checkbox"/>
Lie Detectors <input type="checkbox"/>	Arson <input type="checkbox"/>	Foot/Shoe/Tire Marks <input type="checkbox"/>
Hair Comparison <input type="checkbox"/>	Bitemark <input type="checkbox"/>	Fiber/Thread <input type="checkbox"/>
Confession <input type="checkbox"/>	Eyewitness ID <input type="checkbox"/>	Blood typing <input type="checkbox"/>
Head Trauma/Shaken Baby <input type="checkbox"/>	Gunshot residue <input type="checkbox"/>	Rape kit <input type="checkbox"/>

Were any of the above used at the trial? Yes No

If so, what was used at trial?

Was any of the above available and not used at trial? Yes No

If so, what was available and not used?

DOCUMENTS YOU HAVE

Please check all that you have in your possession. Do not send unless requested.

Police Reports

Medical Examiner Reports

Lab Reports and/or Test Results

Transcripts

Other:

SIGNATURE: _____

DATE: _____

Do not send any additional materials unless we specifically request that you do so. We cannot guarantee that documents submitted to this Unit will be returned.

Send completed **Advice of Rights and Application** by email or mail. See below.

- **Email:** gail.pamukov@macombgov.org
- **Mail:** Send the completed forms to the address below.

Macomb County Prosecutor's Office
Conviction Integrity Unit
1 South Main Street
3rd Floor
Mount Clemens, MI 48043