

## PETITION FOR REVIEW TO THE ROCK ISLAND COUNTY STATE'S ATTORNEYS CONVICTION INTEGRITY/CASE REVIEW UNIT

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Please provide the required information and complete this form in its entirety to petition our office for review of your conviction. Be sure to include copies of any documents that support your petition/claims. *Do not send original documents or your only copy of any documents.* This form and supporting documents may be mailed to:

Rock Island County State's Attorney's Office  
Case Review Unity  
1317—3<sup>rd</sup> Avenue, 2<sup>nd</sup> Floor  
Rock Island, IL 61201

--or--

[Statesattorneysoffice@co.rock-island.il.us](mailto:Statesattorneysoffice@co.rock-island.il.us)

You will receive a letter acknowledging receipt of your Petition for review within sixty (60) days of receipt.

Where "petitioner", "you" or "your" is indicated, the requested information needs to be provided about the person seeking to have his/her case reviewed by our office. If the person completing this petition is not the petitioner, please indicate that and complete the section.

The CIU will only accept cases for review where the following apply:

1. You must have been convicted of a felony in the Rock Island County, Illinois.
2. You must present a plausible claim of actual innocence (for instance, you did not commit or participate in the crime charged).
3. The direct appeal has become final, the mandate (final order) has been issued, and there is no pending litigation.

**Please keep in mind the following.** The Conviction Integrity/Case Review Unit ("CIU") *is not* reviewing lawful sentences. The CIU *is not* reviewing affirmative defenses, claims, or information/evidence that were previously considered and litigated before the original finder of fact (jury or judge). For example, we will not review cases of self-defense, or consent versus rape.

**Initial each statement below to show your understanding and agreement with the following:**

\_\_\_\_\_ Requesting review of my case by your office will not toll the time I have to pursue post-conviction remedies, such as filing an appeal or post-conviction motion. I need to pursue those remedies separately.

\_\_\_\_\_ Acknowledgment of receipt of the Petition by the Rock Island County State's Attorney's Office does not mean they accept my case for investigation, and does not mean they accept my claim of innocence.

**PETITIONER INFORMATION**

Please check "yes" or "no" for each question:

[Are you a U.S. Citizen?                                     Yes                                     No]

➤ *The answer to this question will NOT affect whether your case is considered. It is so we know there might be an immigration hold.*

Is English your primary language                     Yes                                     No

If not, what language do you normally speak? \_\_\_\_\_

Is someone reading this form to you?             Yes                                     No

Is someone writing on this form for you?         Yes                                     No

Are you still serving your sentence from this conviction?     Yes                                     No

If "Yes", are you     in prison                     on probation                     on parole

Your name:	Your DOC Number:
Your Address:	Your Date of Birth:
CASE Number:	Charges on conviction(s):
Date of Conviction:	Original Sentence:
Name of Attorney who represented you at trial:	Name of Judge who sentenced you:

**IMPORTANT: If you are currently represented by an attorney, the CIU will only communicate with your attorney. You should consult your attorney prior to submitting your Petition; your attorney may want to wait to submit the Petition or submit the Petition on your behalf.<sup>1</sup>**

Are you **currently** represented by a lawyer?  Yes  No

If yes, who is your Attorney? \_\_\_\_\_

### CASE INFORMATION

Please list all the Attorney(s) who have represented you:

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Please check every box for every statement **that is true**. You can check as many boxes as you need.

- I did not do any parts of the crime I was convicted of
  
- My conviction happened in Rock Island County, Illinois.
  
- My direct appeal – the appeal following my sentence – is over

The date your appeal was denied: \_\_\_\_\_

Please check every box for every statement **that is true**. You can check as many boxes as you need. If none apply, check the box saying “None of the above statements apply to me.”

- I had no role in the crime I was convicted of.
  
- I did some of what I was convicted for, but not all of it.
  
- I did something illegal, but I was drunk or high at the time of the incident.
  
- I did something illegal, but I have a condition that affects my ability to act or understand right from wrong..

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<sup>1</sup> The Rock Island County State’s Attorney’s Office cannot provide legal advice. Please consult with an attorney before submitting a Petition if you need assistance or have any questions regarding anything contained in this Petition.

I did something illegal because I was forced to do it by someone else.

I did something illegal, but I got too much time in prison for it.

None of the above statements apply to me.

How were you convicted?

A jury or judge found me guilty    OR     I entered a guilty or no contest plea

**Please provide dates for the following**

When did the crime occur (date)? \_\_\_\_\_

When were you arrested? \_\_\_\_\_

When were you sentenced? \_\_\_\_\_

**Prior post-conviction appeals**

Do you have any active appeals or post-conviction motion?     Yes     No

If yes, please provide the case number: \_\_\_\_\_

If yes, what court is it in:

Trial Court                       Illinois Court of Appeals                       Illinois Supreme Court

Federal District Court     7th Circuit Court of Appeals     US Supreme Court

Have you filed any post-conviction motions before in this case?     Yes                       No

If Yes, provide case information: \_\_\_\_\_

**Prior DNA Testing**

Was DNA evidence used at your trial?  Yes  No

If yes, was it by  State  Defense

Have you filed a motion for DNA testing under Illinois law?  Yes  No

Was the motion granted?  Yes  No

Was testing done?  Yes  No

**Contact with Innocence Organizations**

Have you contacted the Illinois Innocence Project about your case?  Yes  No

If yes, are they currently investigating?  Yes  No

Have you contacted any other innocence organization/project about your case?

Yes  No

If yes, which organization(s) and when?

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**New evidence or evidence that shows I am innocent**

Please check every box for every statement **that is true**. You can check as many boxes as you need. If none apply, check the box saying "None of the above statements apply to me."

A witness/informant who testified against me has recanted or changed their testimony.

I was not at the crime scene and have an alibi.

There is new evidence that proves my innocence that wasn't available when I went to trial or entered my plea.

Briefly explain what evidence: \_\_\_\_\_

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- There is new evidence that shows my trial was unfair that wasn't available when I went to trial or entered my plea.

Briefly explain what evidence: \_\_\_\_\_  
\_\_\_\_\_

- There was scientific testimony at my trial that was wrong or has been discredited.

Briefly explain what testimony: \_\_\_\_\_  
\_\_\_\_\_

- There is DNA in my case that was never tested.

- The officer who arrested me or presented testimony against me was arrested or has a sustained finding of dishonesty or bias.

Name of officer and badge number: \_\_\_\_\_

- None of the above statements apply to me.

### **Questions about scientific evidence**

Please check every box for every statement **that is true**. You can check as many boxes as you need. If none apply, check the box saying "None of the above statements apply to me."

- The State said I hurt or killed a baby by shaking the baby.

- The State said I intentionally started a fire.

- The State used bite mark evidence (teeth marks) against me.

- The State used hair comparison evidence against me.

- None of the above statements apply to me.

**Information about Evidence in your case**

Please check every box for every statement **that is true**. You can check as many boxes as you need. If none apply, check the box saying "None of the above statements apply to me."

- I testified at my trial.
- Police said I confessed to them, but I did not.
- Police said I confessed to them, but my statement was coerced.
- An eyewitness or victim didn't know me but identified me as the committing the crime, and got it wrong.
  - If you were identified, which of the following fit how you were identified:
    - An eyewitness or victim identified me from a show-up or confrontation.
    - An eyewitness or victim identified me from a photo array or photo lineup.
    - An eyewitness or victim identified me from a live lineup.
    - An eyewitness or victim identified me for the first time in court.
- The witness or informant who testified against me lied.
- The witness or informant who testified against me had a deal with the State I just learned about.

Please explain the deal and how you learned of it: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Police said they found my fingerprint at the crime scene.
- Police said they found my hair at the crime scene.
- Police said they found my blood at the crime scene.
- Police said they found other of my body fluids (semen, spit, sweat) at the crime scene.

- Police said the victim's DNA was on me.
- Police said I had the victim's property or other belongings.
- None of the above statements apply to me.

**INFORMATION ABOUT NEW EVIDENCE AND INNOCENCE**

Please answer these questions in the boxes, including as much information as you know. If you need more space, use a separate piece of paper.

Please explain why you are innocent of this crime.

*(For instance, if you were somewhere else when the crime happened, tell us where you were and what you were doing. If you don't think a crime really happened, please tell us why you believe that.)*

Please explain what you were doing the day of the incident and how you came to be arrested.

Please list the names and phone numbers of witnesses or alibis, or any other person with relevant information, you think can provide information whom we should contact.



Do you know of anything new about your case you didn't know when you went to trial or pleaded guilty?

*(Has a witness changed his story, or do you think they will? Has someone else confessed to the crime? Do you know about new evidence? Please include as many details as possible.)*

Do you have information about who may have committed the crime?

**Is there anything else you want the CIU to know about your case? If so please write it here (use additional paper if you need.**

**IMPORTANT – NOTIFICATIONS**  
**REQUIRED TO BE COMPLETED & RETURNED**

**Please initial each of the following statements to show that you have read it and you understand it. Don't initial any statement you don't understand or that is untrue or inaccurate.**

- I understand the Conviction Integrity/Case Review Unit is part of the Rock Island County State's Attorney's Office. I also understand the lawyers in the unit are not defense lawyers. They investigate innocence claims; they do not provide legal advice to people asserting innocence claims.
- I understand I am providing information about my case to a prosecutor's office.
- I understand my statements in this Petition can be used against me in court.
- I understand there are criminal penalties for knowingly making false statements in a petition like this.
- I am not currently represented by an attorney or I am currently represented by an attorney but wish to submit this Petition on my own after consulting with my attorney.
- No-one has promised me anything to fill out and submit this Petition.
- I understand the Conviction Integrity/Review Unit is under no legal obligation to review my case and may not be able to review my case or resolve my claim of innocence.
- I understand the Conviction Integrity/Case Review Unit may contact any of the people I have listed in the Petition to talk with them about my conviction and the facts of the case.
- I submit this Petition voluntarily knowing I am asking the prosecutor's office to review and investigate my claim of innocence.
- The statements contained in this Petition are true to the best of my knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## **OPTIONAL AUTHORIZATION TO ALLOW PAST OR PRESENT LAWYERS TO PROVIDE OTHERWISE CONFIDENTIAL OR PRIVILEGED INFORMATION AND DOCUMENTS TO THE CIU**

You have petitioned the CIU to investigate your claim of innocence. To conduct a thorough investigation, the CIU may want to talk to the attorneys who represented you at trial, on appeal, or in post-conviction proceedings in the case you have asked us to review. The CIU may also want to review your past attorneys' files and the files of any attorney or innocence organization currently representing you or with whom you're working.

You should understand your attorneys are required by law to keep confidential any information they learned about your case from representing you – including the contents of their files. They cannot share their knowledge of your case or their files with the CIU without your permission. You can choose to allow your attorneys to share this information if you want to. **You are not required to authorize your attorneys to provide information for the CIU to continue its investigation and review of your case. The CIU can still move forward if you do not consent to our staff contacting your past attorneys.**

Also, any communication between you and your attorneys – letters, conversations, messages, and so on - about the case is considered a privileged communication that the attorney cannot reveal to the CIU without your permission.

You may not know all the information your former or present attorneys have in their files; they may have information linking you or people you know to a crime. You must decide if you will permit your past and any current attorneys to share what they know about the case, their communications to you and from you, and their case files with the CIU. In making that decision, you may want to consult with a lawyer who is not part of the CIU.

You should also understand that the CIU may begin reviewing your petition even if you decide not to share confidential information or files with the CIU. By petitioning the CIU to review your conviction you have not waived any rights or consented to any privileged information being turned over to the CIU.

At some point, however, the CIU may advise you that our investigation cannot be completed and a decision cannot be made on your claim without speaking with your past attorneys and/or reviewing their case files. At that point, you will need to decide if you are willing to waive your rights and to give your past lawyers permission to share their information, case files, and communications with you to the CIU.

**\*\* *Continued on Next Page* \*\***

**Please initial one of the following statements to tell us your willingness or unwillingness at this time to have the CIU contact your attorneys:**

**AGREEMENT TO AUTHORIZE ATTORNEYS TO SHARE INFORMATION**

\_\_\_ I have read and understand the information provided in the *Authorization to Allow Past or Present Lawyers to Provide Otherwise Confidential or Privileged Information and Documents to the Rock Island County State's Attorney CIU*.

\_\_\_ I understand that my past attorneys have information, privileged communications, and files they are not free to share with a prosecutor or anyone else without my permission. I have consulted with a lawyer about these issues or have decided I do not need to do so.

\_\_\_ I give each and every one of my past lawyers in Case No./Name \_\_\_\_\_ permission to share with the CIU whatever information, communications, or documents they have in their possession concerning their representation of me in the case as they deem appropriate.

**-OR-**

**NON-AGREEMENT TO AUTHORIZE ATTORNEYS TO SHARE INFORMATION**

\_\_\_ I have read and understand the information provided in the *Authorization to Allow Past or Present Lawyers to Provide Otherwise Confidential or Privileged Information and Documents to the Rock Island County State's Attorney's CIU*.

\_\_\_ I do not give permission to my former attorneys to share information, communications, or files with the CIU at this time.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date