

COUNTY ATTORNEY

MARGARET H. OLSON



CIVIL DIVISION

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CRIMINAL DIVISION

PATRICIA S. CASSELL

CHIEF PROSECUTOR

JOSEPH S. HILL

PROSECUTOR

IVY TELLES

PROSECUTOR

JANET ELLEDGE

PROSECUTOR

CONVICTION INTEGRITY APPLICATION INSTRUCTIONS

The Conviction Integrity Unit (CIU) of the Summit County Attorney's Office conducts extrajudicial, fact-based review of security conviction to investigate plausible allegations of actual innocence.

Requirements: To qualify for a conviction review by the Summit County Attorney's Office, the case and applicant must meet the following criteria:

1. The conviction must have occurred in Summit County, and the Summit County Attorney's Office must have prosecuted the case;
2. The conviction must be for a felony misdemeanor offense;
3. The application for review must be based on credible and verifiable evidence of innocence, or new technologies that exist to test or retest remaining relevant evidence;
4. The applicant must agree to fully cooperate with the CIU, as well as agreeing to provide full disclosure regarding all inquiry requirements of the CIU;
5. If applicant is represented by counsel, all communication with the CIU must be through counsel;
6. Nothing in these proceedings may operate to stay or revive any other proceeding, deadline, or limitation period under the Postconviction Remedies Act, Title 78B, Chapter 9 or a case on direct appeal.

Information Needed: Applicants or their representative must complete the form below in order to make a conviction review request (you may use additional pages if needed), and sign a Confidentiality Agreement and Consent Third Party Contact Form.

Civil Division: PO BOX 128 · 60 North Main Street · Coalville Utah 84017 · Telephone (435) 336-3206 · Facsimile (435) 336-3287

Criminal Division: 6300 Justice Center Road · Park City Utah 84098 · Telephone (435) 615-3828 · Facsimile (435) 608-4462

Email: (first initial)(last name)@summitcounty.org

APPLICANT INFORMATION

Name:			
Date of Birth:			
Address:	Street:		
	City:		
	State:		
	Zip:		
Inmate Number: (if currently incarcerated)			
Phone Number:			
E-Mail:			

If this application is being submitted by someone **other than the convicted person**:

Submitting Person's Name:			
Relationship to Applicant:			
Address:	Street:		
	City:		
	State:		
	Zip:		
Phone number:			
E-Mail:			

Are you currently represented by an attorney?

No

Yes

If yes, please provide the following information for your current attorney:

Attorney's Name:			
Attorney's Address:	Street:		
	City:		
	State:		
	Zip:		
Attorney's Phone:			
Attorney's E-Mail:			

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Email: (first initial)(last name)@summitcounty.org

CASE INFORMATION

(Information related to the convictions for which you are alleging factual innocence)

District Court Case Number:	
Date of Conviction:	
Were you convicted by:	<input type="checkbox"/> Jury Trial <input type="checkbox"/> Bench Trial <input type="checkbox"/> Guilty Plea <input type="checkbox"/> No Contest Plea <input type="checkbox"/> Other:
District Court Defense Attorney:	
District Court Prosecutor:	
District Court Judge:	
Are you currently serving a prison/jail sentence?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what is the length of your sentence? _____
List the names of all the co-defendants, if any:	
List the crime(s) for which you were convicted in that case:	
Are you factually innocent of ALL these charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, which charges are you factually innocent of: _____
Describe the prosecution's case at trial: (if you need more space, please attach additional pages)	
What is the basis of your innocence claim? (check all that apply to your claim of innocence)	<input type="checkbox"/> DNA will prove my innocence <input type="checkbox"/> An alibi will prove my innocence <input type="checkbox"/> The victim(s) mistakenly identified me as the criminal <input type="checkbox"/> The victim has recanted <input type="checkbox"/> There are additional witnesses who never testified <input type="checkbox"/> Someone else has admitted committing the crime and said I was not involved <input type="checkbox"/> I gave a false confession <input type="checkbox"/> Other:

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POST-CONVICTION PROCESSES

Is your case presently on appeal, on a petition for a writ of habeas corpus, or in Post-Conviction Relief Proceedings?

- No
- Yes

If yes:

What court was the issue raised in?	
What issues were raised?	
Court case number?	
What was the outcome of your appeal/post-conviction petition?	

Has the applicant contacted any of the following organizations regarding this claim of innocence before?

- Innocence Project
- American Civil Liberties Association (ACLU)
- Defense Attorney
- District Attorney's Office
- Attorney General's Office
- U.S. Attorney's Office
- Other (Please describe):

Does the CIU have permission to discuss your claim of innocence with the Innocence Project or any other attorney(s) mentioned above?

- Yes
- No

Have you already contacted the Summit County Conviction Integrity Unit?

- Yes
- No

I, the applicant, understand the decision to review and further investigate a claim cannot be inferred as an acceptance of the validity of the alleged innocence claim. The CIU does not act as legal counsel for the applicant or any person whose case is being reviewed. I understand that I or the person on whose behalf I am submitting this application remains solely responsible for moving forward on any legal claims and the applicant is free to contact other counsel about any claims. I understand decisions as to whether the CIU will re-open the case investigation, how the claim will be investigated, and how the application will be resolved, including dismissal of my application or the investigation for any reason, are made in the exercise of the Summit County Attorney's discretion and are not reviewable by any court. I understand there is no time frame by which claims presented to the CIU will be resolved, but the CIU will make every effort to expedite the resolution of each application, I further understand that if the CIU decides to investigate my case, I will cooperate with the CIU fully and completely, and will sign all waivers and releases of information needed as applicable, and that my failure to cooperate fully with the CIU could result in the CIU dropping their investigation.

Signature of Applicant:	
Printed Name of Applicant:	
Relationship to Applicant (if submitted by someone other than the convicted person):	
Date:	

Please return the completed application and all other relevant information to:

Summit County Attorney's Office

6300 Justice Center Road

OR

via Email at ciu@summitcounty.org

Park City, Utah 84098

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