

**OFFICE OF THE STATE'S ATTORNEY  
FOR BALTIMORE CITY**

**Ivan J. Bates  
State's Attorney**



**CONVICTION INTEGRITY PROGRAM (CIP)  
of the Baltimore City State's Attorney's Office (BCSAO)  
Request and Agreement for CIP Review**

IN ORDER FOR THE CIP TO CONSIDER MY REQUEST FOR CIP REVIEW, <i>THE APPLICANT MUST AGREE TO AND INITIAL EACH OF THE FOLLOWING STATEMENTS.</i>	INITIAL
1. <b>No right to a CIP review.</b> I understand that my case resulted in a conviction and, as such, is currently a <b>closed case</b> . I understand and agree that I <b>have no</b> constitutional, statutory, or other right to have the CIP team conduct an extrajudicial (out of court) review of this closed case.	
2. <b>CIP Review work product.</b> I understand that <b>by asking CIP</b> to review my case, the CIP team may develop material that is CIP team and BCSAO work product. I understand that work product is privileged.	
a. <b>CIP materials.</b> I understand that the types of CIP materials that are work product include, but are not limited to, notes, document reviews and evaluations, internal memoranda between personnel, witness statement summaries, person interviews and other facts or opinions of the CIP team.	
b. <b>Non-disclosure.</b> I waive any rights that I may have to obtain or review any work product of the CIP team <b>develops</b> pursuant to my request and/or application for a CIP review and investigation into my case.	
c. <b>Partial disclosure of work product does NOT waive privilege of remaining work product.</b> I understand that the CIP team/BCSAO may agree to disclose portions of work product in its sole discretion in the interests of justice. I agree that any partial disclosure of work product does not constitute a waiver of the work product privilege for remaining work product materials.	
3. <b>CIP Review person interviews.</b> Persons who give information to the CIP team and request to remain anonymous (" <b>Anonymous Persons</b> ") or cooperating witnesses will not be disclosed by the CIP Team/BCSAO during or at any time after the CIP review has concluded, regardless of outcome.	
a. I understand and agree that the names, voice print, metadata, handwriting style, address, email address, cell phone number, date of birth, social security numbers, rap sheets or any other information that might be used to identify <b>Anonymous Persons</b> or cooperating witnesses will not be disclosed during or after the requested CIP review. I understand that any personal identifying information of individuals identified and/or developed for purposes of my CIP review are privileged and protected.	
b. I waive any rights that I may have to obtain any identity information of Anonymous Persons or cooperating witnesses as described in 3(a).	
4. <b>Post-trial rights not waived.</b> I understand that neither my request for a CIP Review nor this Agreement limit or affect any available post-trial remedies that I may have. I understand that filing a post-trial petition in Court will suspend, and may terminate, my CIP review.	
5. <b>Duration of Agreement.</b> I understand and agree that this Request and Agreement for CIP Review becomes effective upon my CIP application submission and continues in effect in perpetuity, regardless of outcome.	
6. <b>Pending CIP Reviews.</b> I understand that, if I have previously asked for a CIP review that is currently pending, the CIP team may end its review should I decline to agree to these terms for all work done by the CIP team to date.	

I certify that I have read and understand these statements. I agree to the terms of this Conviction Integrity Program Request and Agreement for CIP Review. I understand that the extrajudicial (out of court) CIP review does NOT prevent me from filing a petition or motion with the Court at any time.

Date: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Email to: [CIP@stattorney.org](mailto:CIP@stattorney.org)

Mail to: Conviction Integrity Program, Baltimore City State's Attorney's Office, 120 E. Baltimore Street, 9<sup>th</sup> Floor, Baltimore, MD 21202