



OFFICE OF THE STATE'S ATTORNEY FOR BALTIMORE CITY

Marilyn J. Mosby
State's Attorney



APPLYING TO THE BCSAO CONVICTION INTEGRITY PROGRAM (CIP)

The following basic criteria must apply:

- The conviction must have occurred in Baltimore City; and
- There must be a claim of *factual innocence*.

The CIP does not review non-innocence related claims, i.e. procedural trial errors.

In order to submit your claim, please complete a CIP Application Form, available via email or regular mail, including:

- Defendant's name
- Case Number
- Specific claim of innocence, i.e. alibi witness, new forensics evidence, mistaken identification
- Provide any other relevant information that assists the CIP with investigating your claim

Claims submitted via email:

CIP@stattorney.org

Claims submitted via regular mail:

Conviction Integrity Program
Baltimore City State's Attorney's Office
120 East Baltimore Street
Baltimore, MD 21202



OFFICE OF THE STATE'S ATTORNEY FOR BALTIMORE CITY

Marilyn J. Mosby
State's Attorney



CONVICTION INTEGRITY PROGRAM APPLICATION

TODAY'S DATE:		OFFICIAL USE ONLY CIP Claim Number:											
CASE NUMBER:													
Defendant Name:													
Co-Defendant (Yes/No):		If yes, name(s):											
SID/DOC Nos:		DOB:	Age at Time of Arrest:										
Current Location:													
Date of Conviction:		Top Convicted Counts:	Total Sentence:										
ASA:													
Defense Attorney:													
Judge/Part:		Jury or Bench Trial:											
Primary Detective:													
<p>The following must be true to have your claim considered. Please initial each statement.</p> <table border="0"> <tr> <td></td> <td style="text-align: right;">Initial</td> </tr> <tr> <td>1. This conviction occurred in Baltimore City.</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>2. This conviction is a felony.</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>3. I am currently incarcerated on this conviction.</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>4. I do not currently have a pending court proceeding related to this case.</td> <td style="text-align: right;">_____</td> </tr> </table>					Initial	1. This conviction occurred in Baltimore City.	_____	2. This conviction is a felony.	_____	3. I am currently incarcerated on this conviction.	_____	4. I do not currently have a pending court proceeding related to this case.	_____
	Initial												
1. This conviction occurred in Baltimore City.	_____												
2. This conviction is a felony.	_____												
3. I am currently incarcerated on this conviction.	_____												
4. I do not currently have a pending court proceeding related to this case.	_____												
NATURE OF CLAIM													
<i>PLEASE GIVE AS MUCH INFORMATION AS POSSIBLE. ADDITIONAL INFORMATION MAY BE ATTACHED TO THIS FORM.</i>													
Describe your claim of innocence:													
Describe what NEW evidence supports your claim of innocence:													

Please provide the contact information of any persons who you believe have information that is helpful in reviewing your claim:

THE PETITIONER MUST AGREE TO AND INITIAL EACH OF THE FOLLOWING STATEMENTS.

1. I have been convicted of the offense(s) noted above in the Baltimore City Circuit Court.	1.
2. I believe that credible evidence exists that proves I am innocent.	2.
3. I understand that the CIP is part of the State's Attorney's Office, is not my attorney and does not legally represent me.	3.
4. I am requesting that the CIU review my claim of actual innocence.	4.
5. I understand that the CIU may determine that my case does not meet their criteria and may deny my claim at any time.	5.
6. I understand that filing a CIP claim does not extend any post-trial petition deadlines.	6.
7. I acknowledge that providing false information will result in denial of my claim.	7.
8. I understand that this is an out of court process and there is no right of appeal from denial of my claim by CIU.	8.

IF YOU ARE REPRESENTED BY AN ATTORNEY, THIS FORM MUST BE SUBMITTED BY YOUR ATTORNEY.

I certify that I have read and understand the statements in this application and the terms of review by the Conviction Integrity Program. I certify that all statements made in this application are true to the best of my knowledge. I understand that asking for my claim to be reviewed out-of-court by the CIP does NOT prevent me from filing a petition of motion with the Court at any time.

Date: _____ PRINT NAME: _____ SIGNATURE: _____

Email completed application to: CIP@statorney.org

Mail completed application to: Conviction Integrity Program, Baltimore City State's Attorney's Office, 120 E. Baltimore, 9th Floor, Baltimore, MD 21202