

OFFICE OF THE  
**DISTRICT ATTORNEY**  
COUNTY OF SANTA BARBARA

**JOYCE E. DUDLEY**  
District Attorney



**MAG M. NICOLA**  
Chief Deputy District Attorney

**CYNTHIA N. GRESSER**  
Chief Deputy District Attorney

**MEGAN RHEINSCHILD**  
Victim Assistance Director

**KERRY M. BIERMAN**  
Chief Financial & Administrative Officer

**KELLY D. SCOTT**  
Chief Deputy District Attorney

**JOHN T. SAVRNOCH**  
Chief Deputy District Attorney

**DAVID M. SAUNDERS**  
Chief Investigator

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**APPLICATION FOR CONVICTION REVIEW**

The Conviction Review Unit of the Santa Barbara County District Attorney's Office investigates claims of *actual* innocence exclusively and retains complete discretion to deny an application for conviction review.

**Requirements:** In order to qualify for a conviction review by the Santa Barbara County District Attorney's Office, the case and applicant must meet the following criteria:

- a. The conviction must have occurred in Santa Barbara County;
- b. The conviction must be for a violent and/or serious felony as defined by Penal Code section 667.5(c) and 1192.7(c)(1)-(42), or involve a felony conviction with significant collateral consequences;
- c. The application must be made by the convicted person, his/her attorneys, or an Innocence Project working on his/her behalf. Applications made by others will be accepted if consent of the convicted person is obtained in writing;
- d. The application for review must raise a meaningful claim of factual innocence and not be merely a request for resentencing, a reweighing of conflicting evidence or relief from collateral consequences; and
- e. The application must be based on credible and verifiable evidence of innocence, or new technologies that came into existence after the conviction.

**Information Needed:** Applicants or their representatives must complete the form below to the best of their ability in order to make a conviction review request (you may use additional pages if needed):

**Applicant's and representative's names(s) (including any aka's):** \_\_\_\_\_

\_\_\_\_\_

**Correctional Facility:** \_\_\_\_\_

**CDCR No./Booking No.:** \_\_\_\_\_ **Superior Court No.:** \_\_\_\_\_

**List the crime(s):** \_\_\_\_\_

**Date of Conviction:** \_\_\_\_\_ **Defense Attorney:** \_\_\_\_\_

**SANTA BARBARA OFFICE**  
1112 Santa Barbara Street  
Santa Barbara, CA 93101  
Tel: (805) 568-2300  
Fax: (805) 568-2453

**SANTA MARIA OFFICE**  
312-D East Cook Street  
Santa Maria, CA 93454  
Tel: (805) 346-7540  
Fax: (805) 346-7588

**LOMPOC OFFICE**  
115 Civic Center Plaza  
Lompoc, CA 93436  
Tel: (805) 737-7760  
Fax: (805) 737-7732

**Applicant/Representative Contact Information:** \_\_\_\_\_

**Describe applicant's claim of innocence:** \_\_\_\_\_

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**What proof exists that supports applicant's claim of innocence? Attach any relevant documentation (declarations, testimony, evidence, etc.) and any other information that would assist in verifying the claim of innocence.** \_\_\_\_\_

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**Has applicant submitted the same or similar claim of innocence to any other organization including, but not limited to, an Innocence Project, the ACLU, or criminal trial/appellate attorney? If so, please list and include any pertinent address or contact information.**

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**Was DNA used to convict applicant? If so, describe.** \_\_\_\_\_

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**Is there any past or current appellate litigation in the case (an appeal or petition for writ of habeas corpus)?** \_\_\_\_\_

**State or Federal?** \_\_\_\_\_ **Appeal No./Writ Case No.** \_\_\_\_\_

Return the completed application and all other relevant information to the following address via US Mail, fax or email:

Santa Barbara County District Attorney's Office  
1112 Santa Barbara Street  
Santa Barbara, CA 93110  
Fax (805) 568-2398 DA\_CRU@co.santa-barbara.ca.us

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