

JOHN CREUZOT CRIMINAL DISTRICT ATTORNEY DALLAS COUNTY, TEXAS

CONVICTION INTEGRITY UNIT REVIEW REQUEST

This is a formal request to review the District Attorney's File in the following case:

State v. _____

Cause Number(s): _____

1. I, the undersigned requestor, am authorized to practice law in the State of Texas or I am an authorized agent for an attorney who is authorized to practice law.

2. I am requesting review of the file(s) listed below in the course of my representation of

______to evaluate a claim of wrongful conviction/actual innocence.
Name of Client

3. File(s) Requested:

____ DA Trial File _____ Appellate File

Writ File

____ DNA File

If reviewing a co-defendant's file please specifically identify the co-defendant, cause number and file:_____

4. I understand and agree that any information gained during the review of the listed file(s) shall remain confidential and shall not be shared with or disclosed to third parties outside of the scope of this review and/or litigation, if any, in this case.

5. I further understand there may be confidential or privileged information in the file(s) that has not been redacted by the State. If I obtain copies of any information, I agree to assume the responsibility of redaction before showing the information to my client and/or any prospective witnesses as described in Article 39.14 of the Texas Code of Criminal Procedure (if the date of the offense predates enactment of the Michael Morton Act, I contractually agree to redact in accordance with the Michael Morton Act as if it applies to this case).

Requestor, Attorney	y or	Agent f	or	Attorney
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Texas State Bar No.

Date

DALLAS COUNTY DISTRICT ATTORNEY'S OFFICE USE ONLY

File(s) Reviewed:					
	DA Trial File	Appellate File			
	Writ File	DNA File			
Date Reviewed:					
District Attorney's Office's Representative:					