



State of Connecticut
DIVISION OF CRIMINAL JUSTICE
OFFICE OF THE CHIEF STATE'S ATTORNEY
CONVICTION INTEGRITY UNIT

PATRICK J. GRIFFIN
CHIEF STATE'S ATTORNEY

300 CORPORATE PLACE
ROCKY HILL, CT 06067
EMAIL: DCJ.CIU@ct.gov

CONVICTION INTEGRITY UNIT (CIU) REVIEW REQUEST FORM

This form can be downloaded, completed and mailed to the address provided below or completed, scanned and emailed to DCJ.CIU@ct.gov

PERSON REQUESTING REVIEW:

(Requestor can be the convicted person or attorney/representative of the convicted person)

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

REQUESTING REVIEW FOR:

(if different than above)

Name: _____

Inmate #: _____

****Along with this form please submit a detailed description of the claim being raised****

PLEASE NOTE: The claim must identify plausible and verifiable evidence that, if true, would reasonably support a claim of (1) actual innocence or (2) cause a reasonable person to lose confidence in the conviction due to issues of official misconduct, discredited forensic or eye witness evidence, the misapplication of forensic science, or due process violations.

Mail to: Conviction Integrity Unit
Office of the Chief State's Attorney
300 Corporate Place
Rocky Hill, CT 06067

Email: DCJ.CIU@ct.gov