

WAIVER AND CONSENT FORM

INSTRUCTIONS: Please read the limited waiver below and sign if you agree with its terms. If you are currently represented by an attorney, please discuss this matter with your attorney and have your attorney sign as well. The original copy of this form must be delivered to the Conviction Integrity Unit. Please retain a copy for your records.

I, _____, have filed an application with the Conviction Integrity Unity (CIU) of the State of Connecticut Division of Criminal Justice in which I have requested the CIU to review my conviction. I am / am not (circle one) currently represented by an attorney. I understand that, in order for the CIU to fully investigate any claims of misconduct by the State, the CIU will need to determine what information was disclosed to my previous attorney(s) by the State or other parties.

Therefore, I agree to cooperate with the CIU's review, which includes allowing the CIU to contact and speak with my previous attorney(s) about any NON-PRIVILEGED matters, and allowing the CIU to access my client file, as maintained by my previous attorney(s), to view any information, other than privileged communications or attorney work-product, contained within my file. By signing below, I acknowledge that I have read and understood all of the above statements and that my agreement to cooperate with the CIU is made by my own free will and is given voluntarily.

My name is _____, my date of birth is _____, my inmate identifying number, if any, is _____, and my address (or place in which I am currently incarcerated) is _____.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Convicted Person

Date Signed

CERTIFICATION BY ATTORNEY FOR CONVICTED PERSON (if currently represented by counsel)

I hereby certify that I have fully explained to the convicted person the above statement and that his/her signature is a result of an independent and informed decision made by him/her.

Signature of Attorney for Convicted Person

Name of Attorney for Person (Type or Print) Date Signed