



## **Conviction Review Request Form**

Mail to: Yuba County District Attorney's Office  
215 5th Street, Suite 152  
Marysville, CA 95901

Email to: [DistrictAttorney@co.yuba.ca.us](mailto:DistrictAttorney@co.yuba.ca.us)

1. Convicted person's name:
2. Convicted person's date of birth (MM/DD/YYYY):
3. Is the convicted person incarcerated?  
Yes      No
4. If presently incarcerated, please provide the following information:
  - a. CDC Number:
  - b. Prison where incarcerated:
  - c. Cell location:
  - d. P.O. Box:
  - e. City, State, Zip:
5. Name and location of the court where the person was convicted and sentenced:
6. Yuba County Superior Court Case Number:
7. Provide the Penal Code section of the crime(s) the person was convicted of:
8. Date convicted:
9. Date sentenced:

10. Sentence received:
11. Expected release date:
12. How was the person convicted?
  - a. Jury Trial
  - b. Court Trial
  - c. Guilty Plea
  - d. No Contest Plea
13. Is the conviction currently being challenged on appeal?  
Yes      No
14. Is there a habeas corpus petition currently pending before a court?  
Yes      No
15. Has a habeas corpus petition ever been filed regarding the conviction?  
Yes      No
16. Did the person who was convicted ever give a statement to law enforcement when arrested?  
Yes      No
17. If there was a trial, did the person who was convicted testify in the trial?  
Yes      No
18. What new evidence, if any, exists that was not known at the time of trial? If you need extra space, you may attach additional pages to this request.
  
19. Please state the reason(s) the conviction should be reviewed. If you need extra space, you may attach additional pages to this request.

20. You may attach copies of exhibits or documents to this questionnaire to assist the Conviction Review Unit's examination of your request. **Please retain all original documentary evidence for your records.**

21. If this request is being submitted by someone other than the person convicted, please state your relationship to the person convicted:

22. If this request is being submitted by someone other than the person convicted, have you obtained the written consent of the person convicted to file this request?

Yes      No

23. Please provide the information below so that we may contact you.

Complainant's Full Name:

Telephone Number:

Address (Number, Street, City, State and Zip Code):

Email:

Date:

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Type/Handwrite Name

Once the questionnaire is received by the Yuba County District Attorney's Office, you will be contacted and informed about the status of your request.