

Case Review Request

Please provide as much information as you can. If you have supporting documents, please attach copies. **Do not send originals.** We will consider your case, even if you do not have all of the information.

Please note that our office cannot represent you in this matter. We cannot give you legal advice. The attorney-client privilege does not apply to anything you tell us in this form or in any other communication.

We can ONLY review convictions that occurred in Travis County. If you were convicted in another county, you need to contact that county.

Convicted Person's Information

Name: _____ Date of Birth: _____

Primary Language: English Spanish Other: _____

Address: _____
Street City State Zip

Are you presently incarcerated? Yes No If Yes, where? _____

TDCJ # _____ State ID (SID)#? _____

Phone: _____ Alternate Phone: _____

Email: _____

Are you currently represented by an attorney? Yes No If yes, who? _____

If you are not the Convicted Person, please provide the following:

Name: _____ Relationship to Convicted Person: _____

Address: _____
Street City State Zip

Phone: _____ Alternate Phone: _____

Email: _____

Please provide contact information for any witnesses who could testify in your behalf:

Is there any other information you think would help us to evaluate your case?

Please attach COPIES of any supporting documentation or affidavits that you feel would help us evaluate your case. Do not send originals.

You may submit this form by:

- 1) Mailing it to: Travis County District Attorney
Conviction Integrity Unit
P. O. Box 1748
Austin, Texas 78767-1748

- 2) Emailing it to: TCDA.CIU@traviscountytexas.gov