

Cuyahoga County Prosecutor's Office Conviction Integrity Unit

**WAIVER AND CONSENT**

<b>STATE OF OHIO</b>		▶ Case No. _____
Cuyahoga County		Common Pleas Court
<b>STATE OF OHIO</b>		
<b>vs.</b>		
Name of Convicted Offender:		
DOB:	Age	Highest Level of Education Completed
Convicted Offense(s):		
Alleged Date of Offense:		Date of Conviction
<p>The convicted offender must review the completed waiver and consent form before signing. This form must also be notarized.</p> <p>The convicted offender must place his/her initials to the right of each statement if he/she agrees with the statement and agrees to comply with any terms therein.</p> <p>The Conviction Integrity Unit of the Cuyahoga County Prosecutor's Office shall be referred to as "Conviction Integrity Unit" throughout this document.</p>		
<b>WAIVER OF PROCEDURAL SAFEGUARDS AND PRIVILEGES AND CONSENT TO INQUIRY</b>		<b>Initials of Convicted Offender</b>
1. I acknowledge that I have been convicted of the offense(s) noted above by the State of Ohio.		(1) _____
2. I believe that new and credible evidence of innocence must exist.		(2) _____
3. I am requesting that the Unit review my claim of complete factual innocence.		(3) _____
4. I consent to a formal inquiry of my case by the Conviction Integrity Unit.		(4) _____
5. I agree to cooperate fully with the Conviction Integrity Unit review.		(5) _____
6. I agree to provide full disclosure regarding all inquiry requirements of the Conviction Integrity Unit review.		(6) _____
7. I understand that if I refuse to cooperate in any way or become uncooperative with the Conviction Integrity Unit, the inquiry may be discontinued.		(7) _____

8. I understand that the Conviction Integrity Unit may determine that my case does not meet their criteria and at any point reject my claim.	(8) _____
9. I understand that I have no right to appeal a rejection of my claim by the Conviction Integrity Unit.	(9) _____
10. (a) I understand that I am waiving all of my procedural safeguards and privileges with regard to my claim of innocence.	(10a) _____
(b) I understand that this includes a waiver of my right against self-incrimination pursuant to the Fifth Amendment of the United States Constitution and Article I, Section 10 of the Ohio Constitution.	(10b) _____
(c) I understand that this includes a waiver of any privileges to prevent testimony of others including but not limited to: spousal, clergy, and medical privilege.	(10c) _____
11. I understand that the Conviction Integrity Unit may provide disclosure to the appropriate authorities of the following:	
(a) Evidence uncovered by the Conviction Integrity Unit that supports my guilt.	(11a) _____
(b) Evidence uncovered by the Conviction Integrity Unit that tends to show I may have committed unrelated felonies.	(11b) _____
(c) Evidence uncovered by the Conviction Integrity Unit that tends to show I may be guilty of a higher level crime than the one for which I was charged or convicted.	(11c) _____
(d) Evidence uncovered by the Conviction Integrity Unit that tends to show that other people may have been involved in the commission of the crime for which I was convicted.	(11d) _____
(e) Evidence of criminal acts, professional misconduct, and other wrongdoings of others will be referred to the appropriate authorities.	(11e) _____
12. I also understand that evidence uncovered by the Conviction Integrity Unit that is favorable to me shall be disclosed to me regardless of the outcome of the review.	(12) _____

**ACKNOWLEDGEMENT BY CONVICTED OFFENDER**

I have read and understand all of the above statements. By initialing the statements and signing below, I understand and agree to comply with any terms herein. No one has told me to agree to anything that I oppose or do not understand. My agreements are of my own free will and are given voluntarily.

Date:

Signature of Convicted Offender:

Name of Convicted Offender (Type or Print):

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

I hereby certify that I have fully explained to the convicted Offender each statement and that his/her signature is a result of an independent and informed decision made by him/her. I further certify that I was with the convicted Offender as he/she provided initials and signature to this document and that the signature above is indeed that of the convicted person.

Date:

Signature of the Lawyer for Convicted Offender:

Name of Lawyer for Convicted Offender (Type or Print):

**SWORN AND SUBSCRIBED BEFORE ME**

Date:

Signature of Notary:

Name of Notary:

Notary Commission Expires:

**The original copy of this form must be delivered to the Conviction Integrity Unit. Please retain a copy for your records.**