

Exhibit "B"
 Cuyahoga County Prosecutor's Office Conviction Integrity Unit
LIMITED WAIVER AND AGREEMENT

STATE OF OHIO Common Pleas Court Cuyahoga County	► Case No. _____ ► State of Ohio vs. _____
<p>By completing this form, the applicant requests that the Conviction Integrity Unit ("CIU") evaluate the applicant's claim that he/she has been wrongfully convicted. The applicant also hereby agrees to a limited waiver of rights and agrees to fully cooperate with the CIU and to the terms of the CIU process. THIS FORM MUST BE NOTARIZED.</p>	
Name of Applicant: _____	
DOB: _____	Age: _____ Highest Education Completed: _____
Convicted Offense(s): _____	
Date of Offense(s): _____	Date of Conviction _____
<p>By placing initials next to each number below, the applicant acknowledges that he/she has read, or has had read to him/her, the statements below and understands each.</p>	
<p style="text-align: center;">APPLICANT'S AGREEMENT AND CONSENT TO EVALUATION AND/OR INVESTIGATION BY THE CIU AND, LIMITED WAIVER OF PROCEDURAL RIGHTS</p> <p><u>AGREEMENT:</u></p> <ol style="list-style-type: none"> 1. I was convicted in Cuyahoga County; Ohio of the felony offense(s) listed above and assert that I have been wrongfully convicted of that crime(s). 2. I consent to an initial evaluation of my application to determine if I have complied with all procedural requirements of the CIU and, if so, and if warranted by the CIU, consent to a full investigation into my claim that I was wrongfully convicted. 3. I agree to fully cooperate with the CIU at all stages of this process. 4. I agree to abide by all requirements of the CIU. 	<p style="text-align: center;">Applicant's initials</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

5. I agree to tell the truth regarding all inquiries made by the CIU.

4. _____

6. I understand that if I refuse to cooperate in any way or become uncooperative with the CIU's review process, the review may be cancelled.

5. _____

7. I understand that the CIU may determine that my case does not meet its criteria and may, at any point, reject my claim.

6. _____

8. I understand that all decisions by the Cuyahoga County Prosecuting Attorney are final and I have no right to appeal a rejection of my claim.

7. _____

9. I understand that I may revoke my participation in the process at any time by advising the CIU in writing that I no longer wish to participate. I understand that if I terminate my participation for any reason, I must re-apply if I change my mind.

8. _____

10. I further understand that:

9. _____

(a) The CIU may provide to appropriate law enforcement authorities any evidence uncovered by the CIU that tends to show that others may have been involved in the crime(s) for which I was convicted; and,

(b) The CIU may refer to the appropriate law enforcement authorities any evidence that others committed any other criminal act(s) that are uncovered during the CIU's investigation.

10(a) _____

WAIVER:

1. I agree to waive my right against self-incrimination pursuant to the Fifth Amendment of the United States Constitution and Article I, Section 10 of the Ohio Constitution as it relates ONLY to this application and the case being reviewed by the CIU.

10(b) _____

2. I waive my attorney-client privilege for any attorney who has represented me in the past on this case, or who is presently representing me in connection with this application. I fully understand that this waiver and consent allows the CIU to speak with me directly and to speak with any attorneys who represented me in the case being reviewed and my current attorney. It also allows the CIU to obtain a copy of my attorneys' files related to the case being reviewed.

1. _____

2. _____

CERTIFICATION BY APPLICANT

I have fully read this form or had it read to me. I completely understand all of the above. By initialing the statements above and by signing below, I agree that I have initialed and signed this document knowingly, intelligently, and of my own free will. There have been no promises or guarantees made to me by the CIU or anyone else regarding my case or the outcome of the CIU's review of my case.

Date:

Signature of Applicant:

Name of Applicant (Type or Print):

CERTIFICATION BY ATTORNEY FOR APPLICANT (if applicable)

I hereby certify and attest that I have fully read, fully explained, and fully reviewed this Limited Waiver and Agreement Form to and with the Applicant. I certify and attest that the Applicant has reviewed each statement and term and that his/her initials herein and signature are the result of applicant's independent review and understanding. I acknowledge that Applicant's review and execution of this Waiver and Agreement Form were made in my presence and with my legal assistance and legal advice. I further certify and attest that the applicant was in my presence as he/she provided his/her initials to the terms/statements and during the applicant's signature to this Waiver and Agreement Form and that the signature and initials herein are indeed that of the applicant.

Date:

Signature of Attorney for Applicant:

Name of Attorney for Applicant (Type or Print):

The foregoing was sworn to and subscribed before me this ____ (day) of _____ (month) by _____ (applicant's name).

Signature of notary:

Printed name of notary:

Notary commission expiration:

The original Limited Waiver and Agreement Form must be delivered to the CIU with an original completed Application Form. Please retain copies for your records.