

Integrity Case Review

Defendant _____ Today's Date _____

Relation to the defendant _____

Arrest Date _____ Conviction Date _____

Case #, if known _____

Charges _____

Sentence _____

Was there a victim involved? No Yes

Order of Protection No Yes, list conditions

Briefly describe the facts of the case and why you believe the Integrity Case Review Unit should take this case.

Your Name _____

Your Address and Phone number

Provide as Much Information as Possible

Submit This Form to
districtattorney-convictionintegrity@columbiacountyny.gov
