

Claim Form Seeking Review of Your Homicide or Sexual Assault Conviction

Your Name: _____

Your Case Number: _____

Crime of Conviction: _____

Sentence: _____

Contact Information: _____

Inmate ID # (if applicable): _____

Counsel (if represented): _____

Counsel's Contact Info: _____

Did the police claim you confessed or do you believe you were coerced to confess during the criminal investigation?

_____ Yes _____ No (Please check yes or no)

Please indicate whether the following detectives were involved in your criminal investigation:

- A. KENNETH BOUDREAU _____ Yes _____ No
- B. RICHARD PALADINO _____ Yes _____ No
- C. JAMES CASSIDY _____ Yes _____ No
- D. THOMAS COUGHLIN _____ Yes _____ No
- E. WILLIAM FOLEY _____ Yes _____ No
- F. FRANK VALADEZ _____ Yes _____ No
- G. PAT MCCAFFERTY _____ Yes _____ No

If you would like the Conviction Integrity Unit of the Cook County State's Attorney's Office to re-investigate your case to determine if you were wrongfully convicted, with the understanding that the Lawyers' Committee will be facilitating that review, please sign and date below.

SIGNATURE: _____ **DATE:** _____

Please mail the completed and signed form to:

**Ali Fraerman
Neufeld Scheck & Brustin, LLP
99 Hudson St., 8th Floor
New York, NY 10013**