

Office of the  
WYANDOTTE COUNTY  
DISTRICT ATTORNEY



DISTRICT ATTORNEY  
Mark A. Dupree, Sr.

29<sup>TH</sup> JUDICIAL DISTRICT OF KANSAS

Applicant's name: \_\_\_\_\_

Correctional facility: \_\_\_\_\_

Representative's name: \_\_\_\_\_

Representative's relation to applicant, address, and phone number: \_\_\_\_\_

\_\_\_\_\_

List all offenses and case numbers: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_

Date of conviction: \_\_\_\_\_ Sentence: \_\_\_\_\_

Expected release date: \_\_\_\_\_

How was the person convicted? Jury Trial  Bench Trial  Guilty Plea

Did the person convicted give a statement to law enforcement? Yes  No

If there was a trial, did the person convicted testify at the trial? Yes  No

Was there any DNA collected and tested in this case? Yes  No

Is the conviction currently being challenged on appeal? Yes  No

Is there a habeas corpus petition currently pending before any court? Yes  No

Are there any post-conviction motions currently pending before any court? Yes  No

Number of appeals to date/status/court: \_\_\_\_\_

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What new evidence, if any, exists that was not known at the time of trial? If you need extra space, you may attach additional pages to this request: \_\_\_\_\_

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Please state the reason(s) that the conviction should be reviewed. If you need extra space, you may attach additional pages to this request: \_\_\_\_\_

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List any involved organizations, such as Innocence Projects or legal offices: \_\_\_\_\_

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Please list all relevant points of contact regarding this case, to include names, addresses, phone numbers, and their relevancy: \_\_\_\_\_

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Signature of person submitting this request: \_\_\_\_\_

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Written name, address, and phone number: \_\_\_\_\_

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Dated: \_\_\_\_\_