#### FORM TO BE USED BY PRISONERS FILING A

### PETITION FOR DNA TESTING

### UNDER MONT. CODE ANN. § 46-21-110

NAME
PRISON NUMBER
PLACE OF CONFINEMENT
CRIMINAL CAUSE NUMBER
(Full Name)
v.
STATE OF MONTANA, Respondent.

## <u>Instructions</u>

- 1. To use this form, you must be a convicted felon serving a term of incarceration. You must swear that you did not commit the felony for which you were convicted and that DNA testing will support your claim of innocence.
- 2. This form is appropriate for petitioners who are not represented by an attorney. If you are represented, consult your attorney.
- 3. The petition must be neatly handwritten or typed. It must be filed in the court that entered the judgment of conviction.
- 4. You must tell the truth and sign the form. The form must also be notarized. If you make a false statement of a material fact you may be prosecuted for perjury.

# PETITION FOR DNA TESTING

Judgment of	on the	offenses was entered on (date)
I received	the fo	wing sentence:
Check one	( )	I pled guilty to these offenses. I pled not guilty to these offenses.
Check one:		I appealed to the Montana Supreme Court. I did not appeal to the Montana Supreme Court.
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1/(	esult:
	s there been any previous DNA testing or other known biological ting by the prosecution or the defense?
(	) Yes ( ) No
Ify	ves, state the results:
	possible, identify what evidence should be tested and what kind outing should be done:
-	plain, in light of all the evidence, how the requested testing would ablish your innocence of the felony:

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14. I was represented by the following attorneys:						
	At trial:					
	At sentencing:					
	On appeal:					
	titioner prays that the Court order a responsive pleading from the State tany relief to which Petitioner may be entitled.					
	OF MONTANA )					
County	: ss. )					
I,	the petitioner above named, being duly sworn, states as follows:					
Ił	ave read the foregoing petition for DNA testing and know the contents					
thereof,	and the same is true of my own knowledge, information and belief.					
D	ATED this, 20					
	(Signature of Petitioner)					
SUBSCI	AIBED and SWORN to before me this day of,					
20,	by (name of Petitioner).					
	Signature notary					
	Name – typed, stamped or printed Notary Public for the State of Montana Residing at					
	Residing at  My commission expires					

# CERTIFICATE OF SERVICE

This is to certify that a true and correct copy of the foregoing Petition for

DNA Testing was sent by U.S. mail to the following:

Montana Attorney General
P.O. Box 201401
Helena, MT 59620

County Attorney	
(address)	 <u> </u>