



**IMPORTANT! WE CAN ONLY HELP YOU IF YOU HAVE NO CONNECTION TO THE CRIME FOR WHICH YOU ARE IN PRISON. WE CANNOT HELP YOU IF ANY ONE OF THE FOLLOWING IS TRUE:**

- ❖ You played any role in the crime, even a minor role.
- ❖ You feel you should have been convicted of a different crime.
- ❖ Although your conviction was correct, you feel your sentence should be shorter.
- ❖ You acted in self-defense.
- ❖ You claim the defense of insanity or intoxication.
- ❖ You were convicted of sexual assault for a sexual encounter that you say was consensual.

**PLEASE DO NOT SEND TRANSCRIPTS OR OTHER DOCUMENTS UNTIL REQUESTED.**

**PART 1 -- BASIC INFORMATION ABOUT YOUR CONVICTION**

Name \_\_\_\_\_ DOC # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Prison \_\_\_\_\_

- (1) State of Conviction: \_\_\_\_\_
- (2) County of Conviction: \_\_\_\_\_
- (3) On approximately what date(s) did the alleged crime(s) occur? \_\_\_\_\_
  - i. In what city did the alleged crime(s) occur? \_\_\_\_\_
- (4) What police or sheriff's department investigated the crime(s)? \_\_\_\_\_
  - i. Who was the investigating officer? \_\_\_\_\_
  - ii. What is the investigation number assigned by police? \_\_\_\_\_
- (5) If you were convicted of a sexual assault, how much time passed between the alleged assault and the date when the alleged victim first reported the crime to the police? \_\_\_\_\_
- (6) Who was the prosecutor? \_\_\_\_\_
- (7) Who was the judge? \_\_\_\_\_
- (8) Date and location of arrest \_\_\_\_\_
- (9) Date of Conviction(s): \_\_\_\_\_
- (10) Court Case #(s): \_\_\_\_\_
- (11) Offense(s) for which you are incarcerated: \_\_\_\_\_ Sentence Length: \_\_\_\_\_
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_

- (12) Which of the above listed charge(s) and conviction(s) are you innocent of?  
\_\_\_\_\_
- (13) If you received more than one sentence, are they  **Concurrent** or  **Consecutive**?
- (14) MR/ES or Expected Date of Release: \_\_\_\_\_
- (15) List ALL prior convictions, including: date of conviction, sentence for each, and amount of time served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (16) Were you convicted as a conspirator, accomplice or PTAC (Party To A Crime)?  No  Yes
- (17) If YES, please list your co-defendant(s): \_\_\_\_\_  
\_\_\_\_\_
- (18) What are the names of the alleged victim(s)? \_\_\_\_\_  
\_\_\_\_\_

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- (19) Did you have a trial or did you plead?
- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Jury Trial  | <input type="checkbox"/> Guilty Plea |
| <input type="checkbox"/> Bench Trial | <input type="checkbox"/> Alford      |
|                                      | <input type="checkbox"/> No Contest  |
- a. If you pled guilty or no-contest or Alford, why did you choose to accept the plea agreement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. If you pled guilty or no-contest or Alford to a reduced charge, what crime were you first charged with?  
\_\_\_\_\_  
\_\_\_\_\_
- (20) Are you currently challenging your conviction in court?  No  Yes
- a. If you are not currently challenging your conviction, have you challenged it in the past?  
 No  Yes     If yes, please provide the type of appeal(s), when you filed it (them), and the decision date(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. If YES to either of the above, what claims or issues were raised, and in which court?

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(21) Does an attorney currently represent you for any reason?  No  Yes

a. If YES, please give the name of your attorney and contact information, as well as what the attorney is representing you on.

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(22) List the name and contact information of your former attorneys

a. Trial Attorney: \_\_\_\_\_

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b. Appeal Attorney: \_\_\_\_\_

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c. Other Attorney(s): \_\_\_\_\_

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(23) In the past, have you requested assistance from another innocence clinic?  No  Yes

a. If YES, please give the names of the clinics you contacted and, if they turned down your case, what reason was provided for their denial of assistance?

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(24) Do you have any of the following documents:

- |  |  |
|--|--|
| <input type="checkbox"/> Police Reports    | <input type="checkbox"/> Guilty Plea Hearing Transcripts |
| <input type="checkbox"/> Lab Reports       | <input type="checkbox"/> Appeal Briefs                   |
| <input type="checkbox"/> Trial Transcripts |  |

- a. If not, who may have any of the documents listed above? Please include that person's contact information if you have it.

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**PART 2 -- WHAT REALLY HAPPENED**

**Use extra paper if necessary. Give as many details as possible.**

- (1) Please describe your version of events that explains why you are innocent:

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- (2) Were you present at the scene of the crime when the crime occurred?

No → If you were NOT at the scene, can you recall where you were and what you were doing when the crime occurred? Explain:

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Yes → If you WERE at the scene, please explain why you were there:

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- (3) How did you become a suspect?

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- (4) Did you confess to the crime(s)? If so, explain why you confessed and if your lawyer was present at your confession.

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(5) Please provide a physical description of yourself at the time of the crime.

- a. Height: \_\_\_\_ft.\_\_\_\_in. Weight:\_\_\_\_lbs. Race: \_\_\_\_\_
- b. Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_
- c. Hair Length (circle): Long / Medium / Short / Bald / Other:\_\_\_\_\_
- d. Hair Style (circle): Straight / Curly / Wavy / Afro / Jheri Curl / Pony Tail / Military Cut / Braids / Fade / Other:\_\_\_\_\_
- e. Facial Hair (circle): Beard / Stubble / Clean Shaven / Mustache / Other: \_\_\_\_\_
- f. Type of Shirt (circle): Long Sleeve / Short Sleeve / Sweat Shirt / Other: \_\_\_\_\_
- g. Color of Shirt: \_\_\_\_\_Type/Color of Pants: \_\_\_\_\_
- h. List Any Other Clothing:\_\_\_\_\_
- i. Visible Tattoos or Identifying Marks (circle): Yes / No

i. If yes, please describe the tattoo/mark and its location on your body.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

j. Other identify features:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PART 3 -- TRIAL OR PLEA HEARING**

**Use extra paper if necessary. Give as many details as possible.**

(1) What did the District Attorney say about where, when and how the crime committed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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(2) We understand you are claiming that you are innocent, but according to the Prosecuting Attorney, exactly what was your role in the action?

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(3) List the names of the prosecution's key witnesses. Explain what each witness said.

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**IF YOU WENT TO TRIAL PLEASE ANSWER THE FOLLOWING QUESTIONS:**

(4) What explanation did YOUR ATTORNEY use at the trial?

- |  |  |
|--|--|
| <input type="checkbox"/> Alibi                                   | <input type="checkbox"/> Consent                   |
| <input type="checkbox"/> False Confession                        | <input type="checkbox"/> Lack of Physical Evidence |
| <input type="checkbox"/> Mistaken ID (eyewitness made a mistake) | <input type="checkbox"/> Other: _____              |

WHY did YOUR ATTORNEY use this explanation at the trial?

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(5) Did you testify on your own behalf?  No  Yes

a. Was your decision to testify, or not, based on the advice of your counsel?  No  Yes

- (6) List the names and contact information of all witnesses who spoke on your behalf. Explain what each witness said.

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**PART 4 -- EVIDENCE**

**Give as many details as possible. Remember we can only help you if we can develop new evidence of your innocence that has not yet been presented to a court.**

- (1) Were any of the following pieces of evidence gathered from the **crime scene, the victim, or you as the alleged perpetrator**? Check all that apply or all that you know of:

- |  |   |   |  |                               |
|--|---|---|--|-------------------------------|
| <input type="checkbox"/> Hair                                  | <input type="checkbox"/> Blood                | <input type="checkbox"/> Semen                                      | <input type="checkbox"/> Saliva              | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Gun                                   | <input type="checkbox"/> Knife                | <input type="checkbox"/> Broken Glass                               | <input type="checkbox"/> Other Weapon: _____ |                               |
| <input type="checkbox"/> Fingerprints                          | <input type="checkbox"/> Footprints           | <input type="checkbox"/> Shoeprints                                 | <input type="checkbox"/> Other Prints: _____ |                               |
| <input type="checkbox"/> Victim Clothing                       | <input type="checkbox"/> Perpetrator Clothing | <input type="checkbox"/> Other Clothing: _____                      |  |                               |
| <input type="checkbox"/> Victim Fingernail Scrapings/Clippings |   | <input type="checkbox"/> Perpetrator Fingernail Scrapings/Clippings |  |                               |
| <input type="checkbox"/> Other Scrapings/Clippings: _____      |   |   |  |                               |
| <input type="checkbox"/> Cigarette Butts                       | <input type="checkbox"/> Drinking Cups        | <input type="checkbox"/> Auto Parts or Auto Interior                |  |                               |
| <input type="checkbox"/> Sheets or Bed Covers                  | <input type="checkbox"/> Carpets / Rugs       | <input type="checkbox"/> Other Household Items:                     |  |                               |
| <input type="checkbox"/> Rape Kit                              | <input type="checkbox"/> SAFE Exam            | <input type="checkbox"/> Other Evidence NOT on this Checklist       |  |                               |

Please describe Other Evidence NOT on this Checklist:

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- (2) Was physical evidence collected from you? If so, where was that evidence collected from (your person, your clothing, your car or home, etc.)?

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(3) Was any of the evidence tested?  No  Yes

a. If YES, please describe the type of test, the results of the testing, and who did testing:

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(4) What new evidence, if any, exists in your case that would lead to proof of innocence?

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(5) Describe any physical/forensic evidence that was available, but was not presented at trial.

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(6) Did you or your attorney ever receive a destruction of evidence notice? If yes, when?

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(7) Are there any witnesses who did not make statements earlier, or who made statements against you, but would now support your claim of innocence? If so, explain what they would say now, and why they didn't say it earlier. Give names and contact information.

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(8) Did the victim(s) identify you?  Yes  No

**If YES:** In a lineup?  Yes  No

From a photo spread?  Yes  No

At trial?  Yes  No

Show-up?  Yes  No

Other? (explain)  Yes  No



(9) Did anyone else identify you?  Yes  No

**If YES:** Who? When? Where? What was that person's relationship to you or the crime?

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(10) Did the police or an investigating detective ever interview you?  Yes  No

**If YES:**

a) How many times were you interviewed? \_\_\_\_\_

b) How long were the interviews? \_\_\_\_\_

c) Did you ask to speak with a lawyer during the interview?  Yes  No

d) When was the first time you spoke with your lawyer? \_\_\_\_\_

e) Did you sign papers *during* the interview?  Yes  No

f) Did you sign papers *after* the interview?  Yes  No

**If YES,** what did you sign and did you sign it based on the advice of your attorney?

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g) Did you give any other statements?  Yes  No

**If YES:**

i. How many statements? \_\_\_\_\_

ii. Did you make a confession in any of your statements?  Yes  No

iii. What did you say? Please specify what you said in each statement.

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iv. Who did you give the statement(s) to?

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v. When did you give each statement? (Ex.: during arrest, a week after arrest)

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vi. Why did you give a statement? \_\_\_\_\_

\_\_\_\_\_

vii. Were any of the statements or confessions not true?  Yes  No

If Yes, which parts were not true? \_\_\_\_\_

\_\_\_\_\_

Why did you say them? \_\_\_\_\_

\_\_\_\_\_

viii. Was your lawyer present when you gave any of these statements?  Yes  No

ix. Were any of your statements:

If Yes, which statements?

Written?  Yes  No \_\_\_\_\_

Taped?  Yes  No \_\_\_\_\_

Videotaped?  Yes  No \_\_\_\_\_

Signed by You?  Yes  No \_\_\_\_\_

x. If you signed any statements, was your lawyer with you when you signed the statement(s)?  Yes  No

(11) Describe any other new evidence or documents that can prove your innocence, and explain why this evidence was not presented before.

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(12) Please add any other explanations that you believe would be helpful. *Examples: what certain witnesses said, who you think really committed the crime, etc.*

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(13) Contact person(s) outside of prison:

Name, address, phone, relationship

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Can we discuss your case with this individual? \_\_\_\_\_

Name, address, phone, relationship

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Can we discuss your case with this individual? \_\_\_\_\_

Name, address, phone, relationship

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Can we discuss your case with this individual? \_\_\_\_\_

Name, address, phone, relationship

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Can we discuss your case with this individual? \_\_\_\_\_

**IMPORTANT—READ AND SIGN ON LINES BELOW**

**I UNDERSTAND THE MIDWEST INNOCENCE PROJECT IS NOT OBLIGATED TO REPRESENT ME**

I understand that by conducting an initial investigation, the Midwest Innocence Project does not represent me and is not agreeing to represent me. I understand that if the Midwest Innocence Project does agree to represent me I will be informed of the scope of the representation by the Midwest Innocence Project. I further understand that at any point the Midwest Innocence Project, at its sole discretion, may determine that further investigation is not warranted and is under no obligation to represent me.

⇒ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**AUTHORIZATION TO CONTACT OTHER CLINICS**

By signing below, I authorize the Midwest Innocence Project to contact and obtain information from other innocence and wrongful conviction projects, clinics, units, divisions, or centers (“Projects”) to which I have applied. I understand that the Midwest Innocence Project may share my name and case number with these Projects in the interest of assisting in my claim. By signing below, I authorize the Midwest Innocence Project to inquire about previous requests to other Projects, request documents and case materials from other Projects, and discuss my case and claims with other Projects. By signing below, I also authorize other Projects to release documents and information about my application, case(s) and claim(s) to the Midwest Innocence Project. In addition, I understand the Midwest Innocence Project can refer my case to a different innocence clinic if it is better suited to assist in my case.

⇒ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**RELEASE OF CONFIDENTIAL INFORMATION**

By signing below, I authorize the Midwest Innocence Project to assign a lawyer or one or more law students, working under the direct and immediate supervision of an attorney, to investigate my case. This includes, but is not limited to, authorizing correspondence and/or telephone calls to prior counsel, prosecutors, or witnesses. I authorize any and all entities and persons, including my former attorney(s), investigator(s), and appellate programs who worked on my case, to release to the Midwest Innocence Project or to its staff or student representatives, any and all records, files, reports, and information of any kind related to me or to any criminal case involving me, including police reports, witness statements, post-conviction pleadings, and correctional records, presentencing reports and other documents in prison social services and legal files, legal papers, court documents, medical records, laboratory analyses, probation reports, attorneys’ files and records, and any other information necessary to the Project’s work on my behalf.

I understand there may be statutes, rules, regulations, and release-of-information forms specific to a particular institution that protect the confidentiality of health and non-health records, files, reports, and information covered by this release; it is my specific intent to waive the protection provided by all such statutes, rules, regulations, and institution-specific forms, so that confidential information can be shared with the Midwest Innocence Project. By my signature below, I represent that this waiver is voluntary and given without any reservation.

This authorization is effective until revoked by the undersigned in writing.

⇒ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_