



APPLICATION INSTRUCTIONS

Included in this packet you will find a Questionnaire and Authorization Form.

Please fill out as much of the Questionnaire as you can. We are asking for a lot of information, and we understand that you might not remember all the details. Some of the questions we ask are very technical or scientific. You might not have access to the documents that would have this information. That's all right. If you do not have the information or do not know an answer, it is fine to answer "I don't know." If you do not understand a question, please let us know that too.

If you do not have enough room to answer a question, there is room on the last page for you to complete your answer. If you need more room than that, you can use other paper to answer the question. If you do that, please be sure to let us know which question(s) you are answering.

Do not send any other documents with your completed Questionnaire. We will send you another letter if we need more information or documents.

Please be sure to sign the Authorization Form. The Authorization Form should be signed only by the defendant requesting assistance. It authorizes us to contact people who might be involved in your case if we need to get more information or documents. For example, if you have written to other organizations, we might need to contact them to see if they can assist you sooner than we can. If you are represented, we might need to talk to your attorney. We need your authorization to do these things. The University of Arizona Innocence Project will not use or reveal the information you provide in your Questionnaire except in limited circumstances, including those described in the Authorization Form.

The Questionnaire and Authorization Form do not create an attorney-client relationship. Please understand that the University of Arizona Innocence Project has not agreed to represent you at this time. Rather, we require more information in order to determine if there is anything we can do to help. If you have any pending deadlines you must pursue these on your own; do not wait to hear from us. Please do let us know if your address changes or if you retain or are assigned an attorney.

We receive many requests, so please understand that it may be a long time before we are able to evaluate your case. Thank you for your patience.



CASE EVALUATION QUESTIONNAIRE

First Name:	Inmate Number:
Middle Name:	Race/Ethnicity:
Last Name:	Date of Birth:

If you are not the defendant please provide your contact information and relationship to the defendant:

Case Information:

Place of conviction: CITY: _____ COUNTY: _____ STATE: _____

Date(s) of Crime(s):	Date of Trial:
Date(s) of Crime(s) Was Reported:	Date of Conviction:
Date of Arrest:	Date of Sentencing:

Plea: _____ Not Guilty _____ Guilty _____ No Contest

Trial Type: _____ Jury _____ Bench (Judge, no jury) _____ Military

Number of Trials:

Charges (list all charges):

Convictions (Charges you were convicted of):

Sentence received for each charge (if you know, please tell us if the sentence is concurrent or consecutive):

Are you innocent of all charges listed above? _____ Yes _____ No

If you checked "No" to the question above, please tell us which charges you are NOT innocent of:

Other convictions/sentences: Are you serving time on any other convictions? If so, please list the conviction(s), sentence(s), date(s) of convictions, and whether or not you are claiming innocence of those crimes.

Victim(s)

Name(s) of the Victim(s):

Gender of Victim (s):

Age of victim(s):

Race of victim(s):

Date that the victim(s) was examined:

Did you know the victim(s)? If yes, how did you know the victim(s)? How well did you know the victim(s)?

Co-Defendants

Name(s) of co-defendant(s), if any:

Gender of co-defendant(s):

Age of co-defendant(s) at the time of the crime:

Race of the co-defendant(s):

Were you tried together with any co-defendants?

If yes, did you know the co-defendant(s)? How did you know the co-defendant(s)? How well did you know the co-defendant(s)?

If you know, does the co-defendant(s) claim innocence? What does the co-defendant(s) say happened? Please provide details if you know them.

FACTS ALL sections of the FACTS portion of this Questionnaire should be completed.

Facts according to the prosecution. How did the prosecution describe the facts of the crime (i.e. what happened)? What are you accused of doing? Please explain in detail.

Facts according to the defense and the defenses raised at trial:

Facts according to the victim(s). What did the victim(s) say happened? Did the victim(s) claim that the crimes happened more than once? Did the victim(s) claim that the crime happened over a period of time? If so, for how long?

Were you with the victim(s) at the time of the crime(s)? Please explain:

Facts according to you. What were you doing and where were you when the crime was being committed? Were you present at the scene before, during, or after the crime?

How did you become a suspect?

If you had a trial, did you testify at trial? If so, give a brief summary of your testimony:

Which law enforcement agency made your arrest?

According to the victim(s), police, and/or prosecution, how many people committed the crime?

How many people were arrested? If you know who they are, please list them here. If you know, please explain how each person was allegedly involved in the crime (what was each person's role):

Were there any witnesses to the crime? If you know, please list their names and the information they provided to police and/or testified to at your trial.

Was there any physical contact between the victim(s) and perpetrator(s)? For example, a struggle or fight. Please describe.

Provide the name and contact information, if you have it, for each alibi witness who testified at trial:

Provide the name and contact information, if you have it, for each alibi witness or other witness with knowledge of the crime who was not called to testify:

Physical Evidence (Please fill out this section as completely as possible)

What physical evidence was collected from the victim? For example, a rape kit, evidence from an autopsy, etc.

What physical evidence was collected from the scene of the crime (e.g., fingerprints, hairs, clothing, etc.)? Who did the items allegedly belong to? For example, if a shoe was collected from the scene, please explain if it is supposed to be the victim's shoe, as opposed to a suspect's shoe.

What physical evidence was collected from you (e.g., clothing, hair samples, etc.)? Please let us know where the evidence came from if it was not collected from your person. For example, let us know if the investigators took items of evidence from your car or home.

What physical evidence was collected from co-defendants? Again, please let us know where the evidence came from if it was not collected from the co-defendant's person.

Was there any other physical evidence collected? If so, please tell us what was collected, where it was collected and the alleged source of the evidence. For example, a weapon collected from a trashcan four blocks from the victim's house, said to belong to the perpetrator.

What physical evidence was used at trial? How did the prosecution use that evidence to connect you to the crime?

Testing

If testing performed on evidence prior to your conviction date, please let us know what kind of testing was performed. For each item or kind of evidence, please list the type of testing performed, the laboratory that performed the testing, and the results, if you know them. If not testing was performed, write "none."

Testing on items collected from victim:

Testing on items collected from the scene:

Testing on items collected from you (including items taken from your home, car, etc.):

Testing on items collected from your co-defendant(s):

Testing on items collected from other places:

Was there any testing performed on items of evidence *after you were convicted*? If so, please list the type of testing performed, the laboratory that performed the testing, and the results.

Were there any items of evidence that you think should have been tested (before, during, or after your trial) but were not?

What items of evidence, if subjected to DNA testing, would prove your innocence? What evidence do you want tested? What would DNA testing show?

Describe any other evidence of innocence that was available but not presented at trial:

Case Materials

Please do not send any documents at this time unless we requested them from you in writing. Please tell us which documents you have or can get. Do you have access to:

Pre-trial Documents (grand jury proceedings, motions, etc.): _____ Yes _____ No

Trial Transcript (or plea hearings or sentencing hearings if there was a plea): _____ Yes _____ No

Police Reports (Please provide a brief description, e.g. defendant's statement, investigators notes, evidence) or Police/Incident Report Numbers:

Laboratory Reports (please provide a brief description and date of report, if possible, e.g. serology report, autopsy report, etc.) or Laboratory Report number:

Other Documents you have:

If you know them, please list any citations for your case:

Contact Information

(Please provide us with as much contact information as possible.)

Trial Attorney (represented you at trial or on a plea bargain)

Name:

Appointed or privately retained:

Phone:

Address:

Email:

Appellate Attorney:

Name:

Appointed or privately retained:

Phone:

Address:

Email:

Other Attorneys you retained or were assigned to your case:

Prosecutor:

Judge:

Arresting Agency:

People, organizations, or offices that may have documents:

Are you currently represented? If so, provide your attorney's contact name and contact information:

Other Innocence projects or organizations

Have you contacted any other innocence projects or organizations for help with your case? If so please list the organization(s), date(s) you applied, and whether those organizations are still working on your case:

Additional Information – If you did not have enough room to answer any of the questions in this questionnaire, please use this space to complete your answer(s). Please be sure to tell us which question you are answering in this space.



CASE EVALUATION AUTHORIZATION FORM

I authorize and direct any **persons or government agencies including, but not limited to, police, prosecution, sheriff, probation, corrections and parole officers and officials**, to release to the University of Arizona Innocence Project and any attorney, staff member, student, or volunteer working under its purview, any and all documents and other materials in their possession pertaining to me or my case.

I authorize and direct **attorneys who have previously represented me or from whom I have sought legal advice and their agents**, to release to the University of Arizona Innocence Project and any attorney, staff member, student, or volunteer working under its purview, any and all documents and other materials in their possession pertaining to me or my case and to disclose to the University of Arizona Innocence Project any confidential information or privileged communications.

I authorize any attorney, staff member, student, or volunteer working with the University of Arizona Innocence Project to communicate, for the purpose of obtaining information relevant to the evaluation of my case, with any persons or government agencies having such information, including, but not limited to, attorneys who have previously represented me or from whom I have sought legal advice, as well as police, prosecution, sheriff, corrections, probation, and parole officers and officials. I further authorize the University of Arizona Innocence Project to examine, receive, and/or photocopy any and all documents pertaining to me or my case that are in the possession of such persons or agencies.

I authorize any attorney, staff member, student, or volunteer working with the University of Arizona Innocence Project to communicate with any persons or organizations, including, but not limited to, members of the Innocence Network regarding the evaluation, progress, and/or status of my request for legal assistance. In all other respects, my interactions with the University of Arizona Innocence Project will remain privileged and confidential.

This document serves as authorization for the University of Arizona Innocence Project's evaluation purposes only. I understand that the University of Arizona Innocence Project does not represent me.

Dated: _____
(month/day/year)

Signature: _____

Your Name: _____
(Please print name)

Address: _____

