

Name	Prison #	Release Date	/ I IFF
Name	F 118011 #	Release Date/	LIFE

Information About Your Case and the Crime

In order to make a decision about whether we will be able to assist you, it is important that we know as much as possible about your case and the crime that resulted in your conviction. Please complete this questionnaire (and any additional forms included) and return them to us as quickly as possible. Answer every question as fully as possible; you may use additional sheets of paper if you need more space. Where necessary, use D/K for Don't Know or N/A for Not Applicable to your case. Please send us as many as possible of the documents requested on the last page of this questionnaire. Mail everything to the above address.

GENERAL INFORMATION

Full Name:	
Any Aliases:	
Date of Birth (MM/DD/YYYY):	
What is your first language?	
Race or ethnicity:	
Highest grade completed in school:	
Please list all prior felony convictions:	



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	THE CRIME		
committed. By now, whether of	below, please describe the crime or not you were in any way involve ption of what happened, when it had sheets if necessary.	ed, you know a great de	al about the
	or which you are claiming innode the victim's name and age a		
2. Where did the crime take you can. Note any unusual	place? (City, address, or location weather conditions.	on.) Describe the scen	ne as best
	(Include full names, ages, and all others who were involved in		



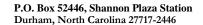
Name		
4. Describe what the State or t	he police claim happened duri	ing the crime for which you
were convicted. (Please be as a		
were not present at the crime, the		
were not present at the crime, the	ien describe what others say na	ppenea auring the crime.)



5. Describe your version of what happened during the crime for which you were convi	Na	ame	Prison #	Release Date/ LIFE
	5.	Describe your version of w	hat happened during the crime	for which you were convicted.
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	_			
	_			
	_			

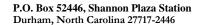


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6. Please provide any other understanding what happe	er information on the crime you feel	l may be helpful to us in



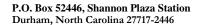


Na	me Prison # Release Date/ LIFE
	ATTORNEY AND COURT INFORMATION
Αı	rest and Trial
1.	Date and place of your arrest:
2.	County of arrest:
3.	Investigating police or sheriff's department and detective(s) (Name, Department, Address):
4.	Were you convicted: (please check one)
	At Trial By Plea Agreement
5.	If by plea agreement was it: (please check one)
	☐ Guilty Plea ☐ Alford Plea ☐ No Contest Plea
6.	Please list the County and Court Case Numbers:
7.	Name of trial judge:
8.	Who was your Trial Attorney? (Name, Address, Telephone) If you had different trial and pre-trial attorneys, please list both.
	a. Was your trial attorney: (please check one) hired by you
	b. When was the first time you spoke to your trial attorney?
9.	Prosecuting Attorney: (Name, Address, Telephone)





Nai	me	Prison #	Release D	ate/ LIFE
10.	List the name(s) of any co- were dropped, they were ac	quitted, they were convi		
	(please check one box for each co-de Co-Defendant #1:	ezenuani)		
		ped Acquitted at Trial		☐ Pled Guilty
	Co-Defendant #2:			
	Name:			
	Charges Dropp	ped Acquitted at Trial	Convicted at Trial	☐ Pled Guilty
	Co-Defendant #3:			
	Name:			
	Charges Dropp	oed Acquitted at Trial	Convicted at Trial	☐ Pled Guilty
	Co-Defendant #4:			
	Name:			
	Charges Dropp	ped Acquitted at Trial	Convicted at Trial	☐ Pled Guilty
	Co-Defendant #5:			
	Name:			
	Charges Dropp	oed Acquitted at Trial	Convicted at Trial	☐ Pled Guilty





Nan	ame Prison # Release Date	/ LIFE
Ap_{I}	ppeals	
	. Has there been a <u>direct</u> appeal? Yes No	
	Date appeal filed: Date appeal decided: OR Not Yet Decided:	
	If No: Were you advised of your right to an appeal?	
	Did you refuse your right to an appeal at the time of your conviction?	
13.	3. Since your trial or appeal, have you or anyone on your behalf filed any other poconviction motions? (These may include but are not limited to Post-Conviction Response (PCR) or Federal Habeas Petitions) Yes No If yes, please indicate in what court (including federal or state) the Motion was there was a hearing, the decision and the date decided.	ief motion
	If yes, what issues were raised in your post-conviction motions?	
14.	I. Who was your Appellate Attorney? (Name, Address, Telephone)	
15	a. Was your appellate attorney: (please check one) hired by you appointed by	the court?
13.	5. Appellate Lawyer for the State: (Name, Address, Telephone)	



Name	Prison #	Release Date/ LIFE
Α	BOUT YOUR CASE	
16. List each of the crimes of which y Please describe the defense raise identified as the assailant by an eyewitness	d at trial for each crim	d for each, the sentence imposed. ie: (For example, that you were wrongfully

	ntified as the assailant by an eyewitness.)
Cri	me:
S	Sentence:
7	Time Remaining:
I	Defense:
Cri	me:
	Sentence:
	Time Remaining:
I	Defense:
a.	How much total consecutive time was imposed?
а.	
	How much total consecutive time remains?
b.	
b.	d the police or investigating detective ever interview you? Yes No
b. Die	d the police or investigating detective ever interview you? Yes No
b. Die	d the police or investigating detective ever interview you? Yes No
b. Die If Ya.	d the police or investigating detective ever interview you? Yes No Yes, How many times were you interviewed?
b. Die If Ya.	d the police or investigating detective ever interview you? Yes No
b. Die If Ya.	d the police or investigating detective ever interview you? Yes No Yes, How many times were you interviewed?
b. Die If Ya.	d the police or investigating detective ever interview you? Yes No Yes, How many times were you interviewed?
b. Did If Y a. b.	d the police or investigating detective ever interview you? Yes, How many times were you interviewed? Where and how long were the interviews?
b. Did If Y a. b.	d the police or investigating detective ever interview you? Yes No Yes, How many times were you interviewed?
b. Did If Y a. b.	d the police or investigating detective ever interview you?
b. Did If Y a. b.	d the police or investigating detective ever interview you?
b. Did If Y a. b.	d the police or investigating detective ever interview you?
b. Did If Y a. b.	d the police or investigating detective ever interview you?
b. Did If Y a. b.	d the police or investigating detective ever interview you?
b. Did If Y a. b. c. d.	d the police or investigating detective ever interview you?
b. Did If Y a. b. c. d.	d the police or investigating detective ever interview you?

18. Did you give a statement/confession? Yes No



es, To whom did you give the statement?
Was your lawyer with you when you signed the statement? Yes No
Was it a written statement?
If Yes, did you sign it?
Why did you give a statement?
ase explain why you are innocent.
What factors do you believe led to your being wrongfully convicted?



Name			Prison #	Release Date	/ LIFE		
If a.	Yes, What is it?	? (please provide name	es, addresses, and telephone nun	nbers for alibi witnesses if possil	ble)		
b.	Do you have some way to prove the alibi? Yes No						
c.	Was it offe	ered at trial? Ye	es No				
th If:	nat you are in any of this evide	nnocent.	incomplete, indicate the addition	you believe supports you			
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_							
_							
_ _							
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Name	Prison #	Release Date/ LIFE
22. List all <u>other evidence or te</u> each, please indicate wheth light after trial, or (c) is pot thorough investigation.	estimony that you believe will ner it (a) was available but no entially new evidence you be	t brought out at trial, (b) came to
_		
_		



ne	Prison #	Release Date	/ LIF	
Identify all persons who have spec Indicate what each knows. If the	cific knowledge that supp	at supports your claim of innoc		
Person's Name:				
What does s/he know:				
Did the person testify at trial?	If not, please ex	plain why		
Person's Name:				
Address, if you know it: What does s/he know:				
Did the person testify at trial?	If not, please exp	plain why:		
Person's Name:				
Address, if you know it: What does s/he know:				
Did the person testify at trial?	If not, please exp	plain why:		
Person's Name:				
Address, if you know it: What does s/he know:				
Did the person testify at trial?	If not, please exp	plain why:		



Naı	ne Prison # Release Date / LIFE
	PHYSICAL EVIDENCE
24.	Were any fingerprints discovered during the investigation of your case? Yes No
	If Yes, please explain.
25.	Were any bodily fluids or hair samples (e.g., vaginal swabs, anal swabs, blood, or saliva) obtained from the victim? Yes No
	If Yes, what samples were obtained?
26.	Were any bodily fluids or hair samples obtained from you?
	If Yes, what samples were obtained?
27.	Were bodily fluids or hair found at the crime scene?
	If Yes, what was found?
28.	Were any bodily fluids found on the victim's clothing?
	If Yes, what was found?

Nan	ne	Prison # Release Date/ LIFE							
		ny testing done on the bodily fluids or hair samples? Yes No							
	If Yes,								
		nat type of testing was done?							
	b. Wh	o arranged for the testing? Prosecution Defense Other							
	c. Wh	Who conducted the test? Please provide the name, address and telephone number if you have it.							
		s a second test done?							
	ii.	Who arranged for the testing?							
	iii.	Who conducted the test? Please provide the name, address and telephone number if you have it.							
30.	Was te investi	sting done on all of the physical/biological evidence recovered during the gation of your case? Yes No							
	If No,	what was not tested?							



Nar	Name	Prison #	Release Date	/ LIFE
31.	31. What test results were used at your tri	al?		
	What did those test results show?			
32.	32. Were any of the test results not used a If Yes, what did those test results show		No	
33.	33. List any item or items of evidence you other testing and indicate how you be			
	Why was this item not tested or not us	sed at trial?		
34.	34. Are you willing to have your DNA run	against the DNA	databank, state and fed	eral?
	☐ Yes ☐ No			
	If No, why not?			



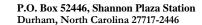
Nan	ne Prison # Release Date/ LIFE
	WITNESS/TESTIMONY INFORMATION
5.	Did you testify at trial? Yes No If "No," why not?
6.	Did the victim(s) identify you?
7.	Why do you think the victim made a complaint against you?
8.	Did the victim(s) testify at trial?
).	List any other witnesses who identified you. Please provide the name, address, and telephone number if you have them. Please indicate the form of identification whether they identified you in a lineup, photo array, or otherwise. Also indicate whether the witness testified and whether they testified for the prosecution or the defense.
	Name:
	Address and telephone:
	Name:
	Address and telephone:
	Did the witness testify? Yes No If "Yes," for whom?
	Name:
	Address and telephone:
	Form: (lineup, photo array/lineup, other) Did the witness testify? Yes No If "Yes," for whom?



me		Release Date	/ LIFE		
Name:					
Address and telephone:					
Form: (lineup, photo array/ <u>lin</u> eup,					
Did the witness testify? \(\subseteq \text{Yes}	s No If "Yes," for wh	om?			
Name:					
Address and telephone:					
Form: (lineup, photo array/lineup, other)					
Did the witness testify? \(\subseteq \text{Yes}	s No If "Yes," for wh	om?			
Name:					
Address and telephone:					
Form: (lineup, photo array/lineup,	other)				
Did the witness testify? Yes	s 🗍 No If "Yes," for wh	om?			
List any experts who testified	•	e of their testimony.			
(For example, doctor, handwriting exp	pert, scientist.)				
EXPERT'S NAME:					
Address and telephone:					
Nature of testimony					
For whom did the witness test	ify? Prosecution D	efense			
	•				
Expert's Name:					
Address and telephone:					
Nature of testimony:					
For whom did the witness test	ify? Prosecution D	efense			
	,				
Expert's Name:					
Address and telephone:					
Nature of testimony:					
For whom did the witness test	ify? Prosecution D	Defense			
	-j				
Expert's Name:					
Address and telephone:					
radiess and elephone.					
Nature of testimony:					
For whom did the witness test	ify? Prosecution D	Defense			



ne List any other persons who testif			Release Date_ of their testin	
Other Witness' Name:	,			·
Address and telephone:				
Nature of the testimony:				
For whom did the witness testify	? Prosecution	Defense		
Other Witness' Name:				
Address and telephone:				
Nature of the testimony:				
For whom did the witness testify	? Prosecution	Defense		
Other Witness' Name:				
Address and telephone:				
Nature of the testimony:				
For whom did the witness testify	? Prosecution	Defense		
Other Witness' Name:				
Address and telephone:				
Nature of the testimony:				
For whom did the witness testify	? Prosecution	Defense		
Other Witness' Name:				
Address and telephone:				
Nature of the testimony:				
For whom did the witness testify	? Prosecution	Defense		
Other Witness' Name:				
Address and telephone:				
Nature of the testimony:				
For whom did the witness testify				





Name	Prison #	
	CASE MATERIAL	S
Please indicate with a check mark	below what documer	its and legal materials you have in
your possession or you could get fr	om a family member	or friend. If you do not have a
document, but know who does, ple	ase indicate their na	me and relationship to you in the
space provided.		
Legal Documents:	You Have:	Family or Friend Has (Who)
Direct Appeal		
Defense brief		
State response		
Appeals Court Decision		
Post-conviction Motion (PCR)		
Defense brief		
State brief		
Decision		
Federal Habeas petition:		
Defense		
State response		
Decision		
Police Reports:		
Incident Report		
Evidence Report		
Investigation Report		
Witness Interviews		
Laboratory Reports		
Other		
Defense Investigative Reports (Spe	ecify)	
Newspaper Clippings re crime/tria	<u>al:</u>	
Transcripts:		
Pre-Trial Hearing		
Trial		
Please list any other legal papers or	r documents that you	have or could get:
Have you previously contacted any otl	her innocence organiza	ition about your case? Yes No
If yes, which organization(s	/>	
Are you currently represented by an	n attorney? Yes	∐ No
If yes, please provide us wit	h your attornev's nan	ne and contact information:
, , I	<i>J</i>	