



ACKNOWLEDGMENT OF SCREENING PROCESS

I, _____, Applicant (**print name**), fully understand that Oregon Innocence Project represents only people who are actually and demonstrably innocent.

I agree that I will not send any documents except those specifically requested by Oregon Innocence Project.

I further understand that any information gathered, work undertaken, and communication engaged in by Oregon Innocence Project is for the sole and limited purpose of screening my case and shall not be considered a consummation of an attorney-client relationship with Oregon Innocence Project or its attorneys. Oregon Innocence Project does not represent me, nor have they agreed to provide me legal services regarding my claim of innocence, or in any related matters, including but not limited to habeas corpus or post-conviction relief actions. If and when such a relationship is agreed upon, the agreement shall be reduced to a written retainer agreement. Unless and until such a retainer agreement is executed, no attorney-client relationship will exist.

(Applicant Signature)

(Date)

Consistent with ORS 40.225 and the Oregon Rules of Professional Conduct, Oregon Innocence Project will treat the information you, as a prospective client, provide in this questionnaire and other information we gather, as confidential and will not disclose it to third persons other than those to whom disclosure is in furtherance of Oregon Innocence Project's evaluation of your case or if directed by court order.

Please note that you will receive a confirmation that your questionnaire was received. Please understand that due to the number of requests for assistance, there may be a significant wait before a questionnaire may be reviewed and acted upon. The passage of any amount of time is not a signal that Oregon Innocence Project is working on your case, that we believe your case has merit, or that we have accepted your case for representation. **You may be facing time deadlines in your case. If you intend to pursue those or other legal matters, we recommend you contact an attorney immediately, so all your legal rights can be preserved.**

Received by OIP

APPLICATION FOR ASSISTANCE

Oregon Innocence Project

Oregon Innocence Project will use your answers to the following questions to determine whether your case is one we can accept for further investigation. Please give full and complete answers to all the questions that apply to your case. If you do not understand a question, please write: *"I do not understand this question."* If you do not know the answer to a question that you think you should answer, please write: *"I do not know."* It is important that you answer as completely and truthfully as possible. Failure to do so may result in the denial of your application for assistance by Oregon Innocence Project.

Please use ink and write legibly. We have included three extra blank pages at the end of the document; please use them if you need more space to answer any of the questions below.

Name: _____ Application Date: _____
First Middle Last

Gender: _____ Race: _____ Inmate ID#: _____

Current Correctional Facility *or* Mailing Address: _____ Phone No.
(if out of custody): _____

_____ Date of Birth: _____

_____ Age at the time of the crime: _____

Primary Language: _____

Do you use any other languages? If so, please list them: _____

Are you now or have you ever been known by any other names? If so, list them: _____

If you are NOT the applicant, please provide your contact information and relationship to the defendant.

Name: _____

Address: _____ Phone No.: _____

Relationship to the applicant: _____

Does the Applicant know that you have submitted this application on their behalf? Yes ☐ No ☐

What/who is the source of information used to fill out this application? _____

Are you currently represented by an attorney?

Yes ☐ No ☐

If yes, who and on what proceeding? _____

Date of crime(s)/alleged crime(s): _____ Date of arrest: _____

Location of crime(s)/alleged crime(s) (city/county): _____

Name(s) of victim/alleged victim(s): _____

Age(s) of victim/alleged victim(s): _____

Name(s) of co-defendant(s): _____

Crime(s) charged with (list them all): _____

Crime(s) convicted of: _____

Convicted by:

Jury trial ☐ Bench trial ☐ Guilty plea ☐

Date of Conviction: _____

County of Conviction: _____

Length of Sentence(s): _____

Expected Release Date: _____

If you are serving time for more than one sentence, are your sentences: Concurrent ☐ Consecutive ☐

Circuit Court Case No.: _____

Trial Judge: _____

Trial Attorney: _____

Prosecutor: _____

Do you claim to be *actually innocent* of all the above charges?

Yes ☐ No ☐

If not, which charges are you innocent of? _____

Were you involved **at all** in **any** of the crime(s) for which you are now in prison? If yes, briefly explain how

you were involved: _____

INVESTIGATION/ARREST

Law enforcement agency that arrested you: _____

Names of investigating officer(s): _____

Place of arrest (location, city, county, state): _____

Were others arrested for the crime(s)/alleged crime(s)? Yes ☐ No ☐

If yes, list name(s): _____

Why do believe you were arrested? _____

Did you know the victim(s)/alleged victim(s): Yes ☐ No ☐

If yes, how did you know the victim(s)/alleged victim(s)? _____

Did the victim(s)/alleged victim(s) identify you as the person who committed the crime(s)/alleged crime(s)?

Yes ☐ No ☐

If yes, when and how? (Example: at the scene of the crime(s)/alleged crime(s), line up, photograph

identification, show up, in court) _____

Did anyone else identify you as the person who committed the crime(s)/alleged crime(s)? Yes ☐ No ☐

If yes, who, when and how? _____

Were you present at the scene of the crime(s)/alleged crime(s) before, during, or after it occurred?

Yes ☐ No ☐

If no, explain where you were, what you were doing, and who you were with, if anyone, when the crime(s)/alleged crime(s) occurred. _____

If yes, what is your version of what really happened at the time of the crime(s)/alleged crime(s)?

Did the police interview you before you were arrested? Yes ☐ No ☐

Did you ask to speak with a lawyer prior to or during the interview process? Yes ☐ No ☐

If yes, who was the lawyer you spoke to? _____

Did you waive your Miranda rights? Yes ☐ No ☐

Did you say anything to the police? Yes ☐ No ☐

If yes, what did you say? _____

If yes, did you write anything out? Yes ☐ No ☐

What did you write out? _____

If yes, was your statement recorded? Yes ☐ No ☐

Audio ☐ Video ☐

Did you tell anyone that you did anything related to the crime(s)/alleged crime(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , to the police?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , to any other person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , was that confession used at trial?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , what did you say?	<hr/> <hr/> <hr/>	

EVIDENCE

Was any physical evidence collected **from the crime/alleged crime scene or victim(s)/alleged victim(s)**?
Yes ☐ No ☐

If yes, what items were collected (e.g., blood, semen, fingerprints, clothing, hair, rape kit, weapons, etc.)?

Was physical evidence collected **from you, your clothing, or your home**? Yes ☐ No ☐

If yes, what items were collected?

Was physical evidence collected **from co-defendant(s)**? Yes ☐ No ☐

If yes, what items were collected?

Was forensic testing done on any of the evidence? Yes ☐ No ☐

If yes, what were the results of testing?

If you have a copy of the results, please send them.

Was any evidence **not** tested? Yes ☐ No ☐

If yes, what evidence was **not** tested? _____

Have you taken a polygraph (lie detector) test? Yes ☐ No ☐

Were you told you passed or failed the polygraph? Pass ☐ Fail ☐ Inconclusive ☐

TRIAL

If you did **NOT** go to trial, write, "Does Not Apply" here: _____

Then, move onto the next section (**PLEA AGREEMENT**).

If you **DID** go to trial, please answer the following questions:

What type of trial did you have? Jury ☐ Bench ☐ Stipulated Facts ☐

Were you convicted by a unanimous jury? Yes ☐ No ☐

If not, what was the jury vote? _____

If others were charged in connection with this/these crime(s)/alleged crime(s), name those charged:

1. Name: _____

☐ Same Trial

☐ Separate Trial

☐ Took Plea Deal

2. Name: _____

☐ Same Trial

☐ Separate Trial

☐ Took Plea Deal

3. Name: _____

☐ Same Trial

☐ Separate Trial

☐ Took Plea Deal

Did you know the co-defendant(s) prior to the crime(s)/alleged crime(s)? Yes ☐ No ☐

If yes, how did you know them and how well did you know them? _____

What were the facts of the crime(s)/alleged crime(s) according to the prosecution (i.e. what happened)? How did the prosecutor describe your role in the crime(s)/alleged crime(s)? _____

What did your defense attorney say happened? _____

What defenses did your attorney raise at trial? (Examples: alibi, self-defense, consent, mistaken identity, diminished capacity, etc.):

a. Alibi defense at trial?

(This means you said you were somewhere else when the crime/alleged occurred.)

Yes ☐

No ☐

b. Self-defense (or defending another person)

Yes ☐

No ☐

c. Someone threatened to hurt you unless you committed the crime(s)/alleged crime(s)

Yes ☐

No ☐

d. Mental illness or brain injury

Yes ☐

No ☐

e. Consent

Yes ☐

No ☐

f. Did your attorney use any other arguments at your trial?

Yes ☐

No ☐

If you answered yes to any of the questions, please describe: _____

What did the victim(s)/alleged victim(s) say happened? _____

Did you testify on your own behalf? Yes ☐ No ☐

Did any eyewitnesses testify in your defense? Yes ☐ No ☐

If yes, please provide their names: _____

Did any eyewitnesses testify for the prosecution? Yes ☐ No ☐

If yes, please provide their names: _____

Did any experts (doctor, psychiatrist, scientist, etc.) testify for the prosecution? **If so**, who?

Did any experts testify for the defense? **If so**, who?

Did any police informants testify against you at trial? Yes ☐ No ☐

Did any key accomplices or co-defendants testify against you? Yes ☐ No ☐

If yes, who? _____

Did anyone who was facing other criminal charges testify against you? Yes ☐ No ☐

If yes, who? _____

Did anyone testify that you admitted to them that you were guilty? Yes ☐ No ☐

If yes, who? _____

PLEA AGREEMENT

If you **did not** plead guilty or no contest, write, "Does Not Apply" here: _____

Then, move onto the next section (**DIRECT APPEAL**). If you **did not** go to trial, please answer the following questions:

Type of plea: Guilty plea ☐ Alford plea ☐ No Contest ☐

Were others charged in connection with this crime(s)/alleged crime(s)? Yes ☐ No ☐

If others were charged in connection with this crime(s)/alleged crime(s), name those charged:

1. Name: _____
☐ Same Trial ☐ Separate Trial ☐ Took Plea Deal
2. Name: _____
☐ Same Trial ☐ Separate Trial ☐ Took Plea Deal
3. Name: _____
☐ Same Trial ☐ Separate Trial ☐ Took Plea Deal

Did you know the co-defendant(s) prior to the crime(s)/alleged crime(s)? Yes ☐ No ☐

If yes, how did you know them and how well did you know them? _____

If English is not your first language, was the plea agreement explained to you in your first language? Yes ☐ No ☐

Did you want to plead?

Yes ☐ No ☐

If no, why did you choose to accept the plea agreement? _____

Did you tell your attorney you were innocent? Yes ☐ No ☐

Was there a written plea agreement? Yes ☐ No ☐

Were you told that you could withdraw your plea? Yes ☐ No ☐

DIRECT APPEAL

(Please do not include any appeals from post-conviction proceedings in this section)

Have you filed a **direct appeal**? Yes ☐ No ☐

Case #: _____ Date filed: _____

Is your direct appeal still pending? Yes ☐ No ☐

Date Decided: _____ Affirmed ☐ Reversed ☐

Name of attorney who handled your appeal:

Did you **petition the Oregon State Supreme Court for review**? Yes ☐ No ☐

Case #: _____ Date filed: _____

Did the Court hear your case? Yes ☐ No ☐ **If no**, date decided: _____

Name of attorney who handled your petition:

Did you **petition the U.S. Supreme Court for certiorari**? Yes ☐ No ☐

Case #: _____ Date filed: _____

Did the Court hear your case? Yes ☐ No ☐ **If no**, date decided: _____

Name of attorney who handled your petition:

POST-CONVICTION RELIEF

Have you petitioned for **Post Conviction Relief**? Yes ☐ No ☐

Case #: _____

Date filed: _____

Pending? Yes ☐ No ☐

If no, date decided: _____

Name of attorney who handled your post-conviction trial:

Did you **appeal to the Oregon Court of Appeals**? Yes ☐ No ☐

Case #: _____

Date filed: _____

Is your appeal still pending? Yes ☐ No ☐

Date Decided: _____

Affirmed ☐ Reversed ☐

Name of attorney who handled your appeal:

Did you **petition the Oregon State Supreme Court for review**? Yes ☐ No ☐

Case #: _____

Date filed: _____

Did the Court hear your case? Yes ☐ No ☐

If no, date decided: _____

Name of attorney who handled your petition:

Did you **petition the U.S. Supreme Court for certiorari**? Yes ☐ No ☐

Case #: _____

Date filed: _____

Did the Court hear your case? Yes ☐ No ☐

If no, date decided: _____

Name of attorney who handled your petition:

FEDERAL HABEAS CORPUS

Have you petitioned for **federal habeas corpus** in the **Federal Court**? Yes ☐ No ☐

Case #: _____

Date filed: _____

Pending? Yes ☐ No ☐

If no, date decided: _____

Name of attorney who handled your petition:

Did you **appeal to the 9th Circuit**? Yes ☐ No ☐

Did you **petition the U.S. Supreme Court for certiorari**? Yes ☐ No ☐

Case #: _____

Date filed: _____

Did the Court hear your case? Yes ☐ No ☐

If no, date decided: _____

OTHER PROCEEDINGS

Have you filed other post conviction petitions, habeas corpus petitions, or other motions, including motions for post conviction DNA testing? Yes ☐ No ☐

If yes, please provide petition or motion type:

PAROLE

Have you had a parole hearing? Yes ☐ No ☐

If yes, how many have you had? _____

What have you told the parole board about the crime(s)/alleged crime(s)? _____

EVIDENCE (ADDITIONAL QUESTIONS)

Would you have a DNA test knowing that it could prove your innocence **OR** your guilt?

Yes ☐ No ☐

Would you be willing to submit to a polygraph test to assist in proving your innocence **OR** your guilt?

Yes ☐ No ☐

List the evidence from your case that you think could be tested for DNA:

Please list the evidence: _____

How will a DNA test of this evidence prove you are innocent? _____

List any evidence that you believe could be subjected to any other type of forensic testing, e.g., fingerprint, fiber, gunshot residue, etc.

NEWLY-DISCOVERED EVIDENCE

Are you aware of any **new** evidence that exists in your case that would lead to proving your **innocence**?

(New evidence can include, among other things, newly discovered physical evidence, a newly discovered witness, a key witness who has recanted his or her statement or trial testimony, evidence in existence at the time of your trial that can now be subjected to new scientific testing, and evidence or a witness that should have been found and presented by your trial attorney.)

Yes ☐ No ☐

If yes, please explain: _____

Has/have any victim(s)/alleged victim(s) or witness who testified against you recanted or changed their testimony?

Yes ☐ No ☐

If yes, who? Describe how the story changed? _____

If yes, how do you know? _____

Has any other way to prove your innocence developed since your trial

Yes ☐ No ☐

(for example, has someone else confessed to the crime(s)/alleged crime(s)?)

If so, please describe: _____

Do you know who committed the crime(s)/alleged crime(s) of which you are convicted? Yes ☐ No ☐

If yes, who committed the crime(s)/alleged crime(s)? _____

How do you know this person is the real perpetrator? _____

If you had an investigator available to investigate your claim of innocence, what would you have the investigator look into? _____

OTHER

Is there anyone who can prove your innocence?

Yes ☐

No ☐

If yes, who is this person(s), what is their relationship to you? _____

What is their address and telephone number? _____

Did this person testify at your trial?

Yes ☐

No ☐

If no, why not? _____

Could this person have testified at your trial?

Yes ☐

No ☐

If no, why not? _____

Is there anything else you think could help us prove your innocence? _____

Please provide a complete list of any convictions you have ever had, with dates of convictions and sentences:

List All Prior Conviction(s)	Date(s) of Conviction(s)	Length of Sentence(s)	County & State of Conviction(s)
1.			
2.			
3.			
4.			
5.			
6.			

Were you employed at the time of your arrest?

Yes ☐ No ☐

If yes, please give a brief statement of your work history: _____

What is your highest grade level completed in school? _____

Did you receive Special Education Services in school?

Yes ☐ No ☐

Explain any medical or mental health issues you have experienced:

Before your conviction: _____

Since your conviction: _____

Please provide the names and contact information of family or friends who might have information regarding your case: _____

Do we have permission to contact these people?

Yes ☐ No ☐

Please tell us anything else about your case that may help:

Thank you for providing this information. We will contact you after we have reviewed your case.

PLEASE SEND COMPLETED APPLICATION TO:

**Oregon Innocence Project
P.O. Box 5248
Portland, OR 97208**

CONSENT FOR RELEASE OF INFORMATION

I, _____, Applicant (**print name**), give my consent for any attorney, law student, staff member, investigator, or volunteer working with the Oregon Innocence Project to talk to or write my present or former lawyers, the Department of Corrections, probation and parole officers, forensic testing personnel, governmental agencies, media and anyone else with information that Oregon Innocence Project thinks may help understand my case. Oregon Innocence Project and/or any attorney, law student, volunteer, or staff member working for Oregon Innocence Project, can also examine and photocopy all communications, correspondences, investigation reports, probation reports, custodial files, medical evaluations, psychiatric evaluations, employment records, and other documents pertaining to me in the possession of such persons or agencies.

I also ask my present or former lawyers, the Department of Corrections, probation and parole officers, and anyone else with information to talk about my privileged communications (spoken and written) if asked by Oregon Innocence Project and/or any attorney, law student, or staff member working for Oregon Innocence Project. They should also release any and all records, files, reports, test results, interview summaries, investigation reports, and other information of any kind related to me or any case involving me to Oregon Innocence Project.

The Oregon Innocence Project's attorneys, law students, staff members, investigators, and volunteers will keep all privileged files and communications confidential. However, I hereby give informed consent to share otherwise confidential information to my present or former attorney(s), forensic testing personnel, other attorneys in e-mail groups or listservs, and other persons for the purpose of advancing my goals.

If you were a client of the Federal Public Defender for the District of Oregon prior to 9/30/14, please be advised that the former Federal Public Defender of the District of Oregon, Steven T. Wax, is the current Legal Director of the Oregon Innocence Project, and he is included within the terms of this release.

Signed this _____ day of _____ 20____

(Applicant Signature)

Received by OIP

