



## ACKNOWLEDGMENT OF SCREENING PROCESS

I, \_\_\_\_\_ (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. OIP 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.

Consistent with ORS § 40.225 and the Oregon Rules of Professional Conduct, OIP 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 OIP's evaluation of your case or if directed by court order.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please note that you will receive a confirmation from us that your questionnaire was received in our office. Please understand that due to the number of requests for assistance, there may be a wait before a questionnaire may be reviewed and acted upon. The passage of any amount of time is not a signal that the 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.

### FOR OIP USE ONLY

Meets Criteria

Does Not Meet Criteria

DNA

Non-DNA

Sentence: \_\_\_\_\_ Issues: \_\_\_\_\_

Accepted

Screen Date: \_\_\_\_\_ By: \_\_\_\_\_

Rejected

OIP Case #: \_\_\_\_\_

Closed

Conflict Check (by and date): \_\_\_\_\_

\_\_\_\_\_

*Confidential*

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** of 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. Thank you.)**

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Application Date: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Inmate ID#: \_\_\_\_\_

Current Correctional Facility and Mailing Address:

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

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: \_\_\_\_\_

Prison Counselor: \_\_\_\_\_

Counselor Phone No: . \_\_\_\_\_

**If you are not the defendant**, please provide your contact information and relationship to the defendant.

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

Are you currently represented by an attorney?

Yes  No

**If yes**, who and on what proceeding? \_\_\_\_\_

Date of alleged crime: \_\_\_\_\_

Date of arrest: \_\_\_\_\_

Location of crime (city/county): \_\_\_\_\_

Name(s) of victim(s): \_\_\_\_\_

Age(s) of victim(s): \_\_\_\_\_

Name(s) of co-defendant(s): \_\_\_\_\_

Crime(s) charged with (list them all): \_\_\_\_\_

\_\_\_\_\_

Crime(s) convicted of (list them all): \_\_\_\_\_

\_\_\_\_\_

Convicted by: Jury  Bench  Guilty plea

Date of Conviction: \_\_\_\_\_ County of Conviction: \_\_\_\_\_

Sentence(s): \_\_\_\_\_ Expected Release Date: \_\_\_\_\_

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

Concurrent? \_\_\_\_\_ **OR** Consecutive? \_\_\_\_\_

Circuit Court Case No.: \_\_\_\_\_ Trial Judge: \_\_\_\_\_

Trial Attorney: \_\_\_\_\_ Prosecutor: \_\_\_\_\_

Do you claim to be *actually innocent* of all of the above charges? Yes  No

**If not**, which charges are you innocent of? \_\_\_\_\_

Were you involved **at all** in **any** of the crimes for which you are now in prison? If yes, briefly explain how you were involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was any physical and/or biological evidence collected in this case? Yes  No

Please check any of the following that may have been a factor in your wrongful conviction:

False Confession

Jailhouse Informant(s)—Snitch

Mistaken Eyewitness Identification

Ineffective Assistance of Counsel

Faulty or No Forensic Science

- Bite Mark Evidence
- Blood Stain Pattern Analysis
- DNA (Biological Evidence)
- Fingerprint Analysis
- Fire/Arson Investigation
- Hair Analysis
- Medical Examiner
- Shaken Baby Syndrome
- Toolmark and Firearm Analysis

Government Misconduct

- Prosecutorial Misconduct
- State Crime Lab Misconduct
- Police Misconduct
- Preservation of Evidence
- Other: \_\_\_\_\_

**INVESTIGATION/ARREST**

Incident No: \_\_\_\_\_ Law enforcement agency that arrested you: \_\_\_\_\_

Name(s) of investigating officer(s): \_\_\_\_\_

Place of arrest (location, city, county, state): \_\_\_\_\_

Were others arrested for the crime? \_\_\_\_\_

**If yes, list name(s):** \_\_\_\_\_

Why did you become a suspect? \_\_\_\_\_

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

Why do you believe you were arrested, if not for actual commission of the crime? \_\_\_\_\_

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

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

Did you know the victim(s): Yes  No

**If yes, how did you know the victim(s)?** \_\_\_\_\_

\_\_\_\_\_

Did the victim(s) identify you as the person who committed the crime? Yes  No

**If yes**, when and how? (Example: at the scene of the crime, line up, photograph identification, show up, in court) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did anyone else identify you as the person who committed the crime? Yes  No

**If yes**, who, when and how? \_\_\_\_\_  
\_\_\_\_\_

Were you present at the scene of the crime before, during, or after it occurred? Yes  No

**If no**, explain where you were and what you were doing when the crime occurred. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your version of what really happened at the time of the crime? If you don't know because you were somewhere else, tell us where you were and who you were with, if anyone.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**If yes**, how long were you interviewed? \_\_\_\_\_

Who interviewed you? \_\_\_\_\_

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? \_\_\_\_\_

**If no**, when was the first time you spoke with a lawyer? \_\_\_\_\_

Did you waive your Miranda rights? Yes  No

**If yes**, was the interrogation electronically recorded? Yes  No

Did you make a statement? Yes  No

**If yes**, was it a written statement? Yes  No

If yes, did you sign the statement? Yes  No   
If yes, was your lawyer with you when you signed the statement? Yes  No   
If yes, was your statement recorded? Yes  No   
Audio  Video

Did you confess to the crime? Yes  No   
If yes, to the police? Yes  No   
If yes, to any other person? Yes  No   
If yes, was that confession used at trial? Yes  No

Briefly describe what you told the police about the charges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EVIDENCE

Was any physical evidence taken **from the crime scene**? Yes  No   
If yes, what items were found (e.g., blood, semen, fingerprints, clothing, hair, rape kit, weapons, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

If yes, where was the evidence found (i.e. gun in a gutter), and who was the alleged source (victim/perpetrator)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was any physical and/or biological evidence recovered Yes  No   
**from the victim or the victim's clothing?**  
If yes, was a rape kit collected? Yes  No   
If yes, what other evidence was collected from the victim? \_\_\_\_\_  
\_\_\_\_\_

Was physical evidence collected **from you or your clothing**? Yes  No   
Was the evidence collected from your person or were items taken from your car or home? \_\_\_\_\_  
\_\_\_\_\_

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Was physical evidence collected **from co-defendants**?

Yes  No

**If yes**, was the evidence collected from co-defendants' person or were items taken from their car or home? \_\_\_\_\_

Was testing done on the evidence?

Yes  No

Who wanted to have the testing done?

Prosecution  Defense

What laboratory did the testing? \_\_\_\_\_

**If yes**, what were the results of the testing? \_\_\_\_\_

Do you have a copy of the results?

Yes  No

**If yes**, please send us a copy.

Were the results used at trial?

Yes  No

**If no**, why not? \_\_\_\_\_

Was a second test done?

Yes  No

**If yes**, do you know what kind of test and what laboratory did the testing? \_\_\_\_\_

What were the results of the second testing? \_\_\_\_\_

Who wanted to have the second testing done?

Prosecution  Defense

Was any evidence **not** tested?

Yes  No

**If yes**, what evidence was **not** tested? \_\_\_\_\_

Does any physical or biological evidence still exist?

Yes  No

**If yes**, please tell us:

What is it? \_\_\_\_\_

What agency currently holds the evidence? \_\_\_\_\_

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

If yes, how many, when, where and by whom was the test administered? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If you failed, why do you think you failed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### THE TRIAL

If you did **NOT** go to trial, write, "Does Not Apply" here: \_\_\_\_\_  
and move onto the next section (Plea Agreement). If you **DID** go to trial, please answer the following questions:

Did you have a trial? Yes  No  If yes, what type? Jury  Bench

Were others charged in connection with this crime? Yes  No

If yes, names of 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? Yes  No

If yes, how did you know them and how well did you know them? \_\_\_\_\_



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

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What did your defense attorney say happened and why you are innocent of the crime? \_\_\_\_\_

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

- a. Did you or your attorney use an alibi defense at trial? (*This means you said you were somewhere else when the crime occurred.*)  
Yes  No

**If you had an alibi**, did you try to prove it at trial?

- Yes  No

- b. Did your attorney argue that you committed the crime in self-defense (or defending another person)?  
Yes  No

- c. Did your attorney argue that you committed the crime because someone threatened to hurt you unless you committed the crime?  
Yes  No

- d. Did your attorney use a mental illness or brain injury in your defense?  
Yes  No

- e. If your case involves sexual assault, did your attorney use consent as a defense?  
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: \_\_\_\_\_

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What did the victim say happened? \_\_\_\_\_

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Were you with the victim(s) at the time of the crime(s)? Yes  No

**If yes, explain:** \_\_\_\_\_

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Did you testify on your own behalf? Yes  No

**If not, why didn't you testify?** \_\_\_\_\_

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Did the alleged victim(s) testify? Yes  No

**If yes, please provide their names and possible locations:** \_\_\_\_\_

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Did any eyewitnesses testify in your defense? Yes  No

**If yes, please provide their names:** \_\_\_\_\_

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Did any eyewitnesses testify for the prosecution? Yes  No

**If yes, please provide their names:** \_\_\_\_\_

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What experts (doctor, psychiatrist, scientist, etc.) testified for the prosecution? Provide names and contact information if possible: \_\_\_\_\_

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What experts testified for the defense? Provide names and contact information if possible:

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

Did they claim to have learned information about your case from you while you were in jail? Yes  No

Did any alleged accomplice testify against you? Yes  No

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

**If yes,** list their names and any information about their pending charges and any information that could help us locate them now: \_\_\_\_\_

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

**If yes,** please give their names and what they said: \_\_\_\_\_

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Did anyone who testified against you, including the alleged victim, have a reason to lie? Yes  No

**If yes,** please explain: \_\_\_\_\_

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Other prosecution witnesses (what did they testify to?): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other defense witnesses (what did they testify to?): \_\_\_\_\_

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\_\_\_\_\_

If you had multiple trials, how many? And what was the reason for the outcome of each trial? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you believe was the most important evidence and testimony the prosecution introduced that caused the jury or judge to find you guilty?

\_\_\_\_\_

\_\_\_\_\_

### PLEA AGREEMENT

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

Then move onto the next section (APPEALS). If you **DID** enter a plea instead of going to trial, please answer the following questions:

Did you enter,  a Guilty plea or  an Alford plea or  No Contest

Were others charged in connection with this crime? Yes  No

**If yes**, names of those charged:

1. Name: \_\_\_\_\_

Trial  Took Plea Deal

2. Name: \_\_\_\_\_

Trial  Took Plea Deal

3. Name: \_\_\_\_\_

Trial  Took Plea Deal

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

If yes, how did you know them and how well did you know them? \_\_\_\_\_

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Did you want to plead? Yes  No

Did you want to go to trial? Yes  No

Did your attorney advise you to take a plea bargain? Yes  No

If yes, what did your attorney say to you to make you decide that a plea was in your best interest? \_\_\_\_\_

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

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

Did you tell your attorney you were innocent? Yes  No

If the plea was in writing, did you sign it? Yes  No

If yes, was your attorney present? Yes  No

Did you read and understand what you were signing? Yes  No

If no, why did you sign? \_\_\_\_\_

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Did the judge ask you if you understood the plea? Yes  No

Was there a written plea agreement? Yes  No

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

If yes, what were you told? \_\_\_\_\_

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Did you try to withdraw your plea?

Yes  No

**If yes, when did you try to withdraw it (Examples: before sentencing, during the appeal, after the appeal)?**

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**If yes, what reason did you (or your lawyer) give for trying to withdraw your plea?**

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**If yes, what reason did the court give for not letting you withdraw your plea?**

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Did anyone fail to fulfill any part of the plea agreement?

Yes  No

**If yes, please explain:**

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**APPEALS**

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

Did you file a **Direct Appeal**? Yes  No

Case #: \_\_\_\_\_ Date filed: \_\_\_\_\_

Is your direct appeal still pending? Yes  No

Date Decided: \_\_\_\_\_ Affirmed  or Reversed

Issues raised on appeal: \_\_\_\_\_

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Name address, and telephone number of attorney who handled your appeal:

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Names of judges who decided your direct appeal:

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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: \_\_\_\_\_

Issues raised on appeal: \_\_\_\_\_

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Name, address, and telephone number of attorney who handled your appeal:

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**POST-CONVICTION**

Have you filed for **Post Conviction Relief**? Yes  No

Case #: \_\_\_\_\_ Date filed: \_\_\_\_\_

Pending? Yes  No  If no, date decided: \_\_\_\_\_

Name, address, and telephone number of attorney who handled your appeal:

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List all of the issues raised in your post-conviction petitions/motions and how the judge ruled on each issue:

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Did you appeal to the Oregon Court of Appeals? Yes  No   
If yes, what issues were raised on appeal and how did the Court of Appeals rule on the appeal?

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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: \_\_\_\_\_

Issues raised on appeal: \_\_\_\_\_

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Name, address, and telephone number of attorney who handled your appeal:

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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: \_\_\_\_\_

Issues raised on appeal: \_\_\_\_\_

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Name, address, and telephone number of attorney who handled your appeal:

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### HABEAS CORPUS

Have you sought habeas review in the **Federal Court**? Yes  No

Case #: \_\_\_\_\_ Date filed: \_\_\_\_\_

Pending? Yes  No  **If no**, date decided: \_\_\_\_\_

**If yes**, in which court is the habeas corpus petition currently pending? \_\_\_\_\_

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List all of the issues raised in your federal habeas corpus petition and how the federal judge ruled on each issue:

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If you did file a habeas corpus petition, was there an appeal to the 9<sup>th</sup> Circuit? Yes  No   
**If yes, list the issues raised on appeal to the 9<sup>th</sup> Circuit:**

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Date 9<sup>th</sup> Circuit ruled on your appeal: \_\_\_\_\_

Attorney name and contact information: \_\_\_\_\_

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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: \_\_\_\_\_

Issues raised on appeal: \_\_\_\_\_

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Name, address, and telephone number of attorney who handled your appeal:

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Have you filed other post conviction petitions, habeas corpus petitions or motions? Yes  No

If yes, please provide petition type, case no., date filed and date decided, as well as all issues raised:

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### PAROLE

Have you had a parole hearing? Yes  No

If yes, how many have you had? \_\_\_\_\_

Please list your attorney(s) for your parole hearing(s): \_\_\_\_\_

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What have you told the parole board about the crime? \_\_\_\_\_

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**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 and then tell how that test will show you are innocent: Here are two examples of what we mean:

*Example 1: If your case deals with a sexual assault: Are there vaginal swabs from the victim? Are there anal swabs? Are there semen stains on the victim's clothes? Are there semen stains on other things at the crime scene like sheets or a blanket? Are there hairs found on the victim or at the scene?*

*Example 2: If your case deals with an assault or homicide: Was there human biological material such as blood, semen, or hair found at the crime scene? Could any of these be tested to show they did not come from you?*

Now please list the evidence: \_\_\_\_\_

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

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

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**NEWLY-DISCOVERED EVIDENCE**

*Newly-discovered evidence is evidence that could not, through due diligence, have been discovered before trial.*

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 but was not presented at trial.) Yes  No

**If yes, please explain:** \_\_\_\_\_

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Has any victim or witness who testified against you recanted or changed his/her testimony? Yes  No

**If yes, who? Describe how the story changed?** \_\_\_\_\_

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Has any other way to prove your innocence developed after your trial Yes  No   
(for example, has someone else confessed to the crime?)

**If so, please describe:** \_\_\_\_\_

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Since your conviction has any additional testing been done on the physical/biological evidence? Yes  No

If yes, what kind of testing, by whom and when? \_\_\_\_\_

\_\_\_\_\_

Have you used these results in any post conviction court filings? Yes  No

If yes, which one(s) and when? \_\_\_\_\_

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

If yes, who committed the 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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CASE MATERIALS

**Do not send any materials now**, but please check those documents that you can make available to us upon request:

- |                                                       |                                             |
|-------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Pretrial hearing transcripts | <input type="checkbox"/> Police reports     |
| <input type="checkbox"/> Trial or plea transcripts    | <input type="checkbox"/> Appellate briefs   |
| <input type="checkbox"/> Sentencing transcript        | <input type="checkbox"/> Laboratory reports |

- Medical reports
- Witness statements
- Probation report
- Post Conviction Motions
  - Petitioner (Defense)
- Other:

- Respondent (Prosecution)
- Court orders

If these materials are in the possession of a relative or friend, please indicate how we can get these materials:

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**OTHER**

Is there anyone who can prove your innocence? Yes       No

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

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What is their address and telephone number? \_\_\_\_\_

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Did this person testify at your trial? Yes       No

**If no**, why not? \_\_\_\_\_

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Could this person have testified at your trial? Yes       No

**If no**, why not? \_\_\_\_\_

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Please provide a complete list of your prior convictions, if any, with dates of convictions and sentences:

| Prior Conviction | Date of Conviction | Sentence | County of Conviction |
|------------------|--------------------|----------|----------------------|
| 1.               |                    |          |                      |
| 2.               |                    |          |                      |
| 3.               |                    |          |                      |
| 4.               |                    |          |                      |
| 5.               |                    |          |                      |
| 6.               |                    |          |                      |
| 7.               |                    |          |                      |

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: \_\_\_\_\_

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Since your conviction: \_\_\_\_\_

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

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Do we have permission to contact these persons?                      Yes                       No

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

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**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, \_\_\_\_\_ (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, or staff member working for Oregon Innocence Project, can also examine and photocopy all communications, correspondences, investigation reports, probation reports, custodial files, medical 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\_\_\_\_

\_\_\_\_\_  
(Signature)

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|-----------------|
| Received by OIP |
|-----------------|

EXTRA PAGE 1

EXTRA PAGE 2

EXTRA PAGE 3