



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): _____

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.

Name: _____ Application Date: _____

First Middle Last

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: _____

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 trial Bench trial 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 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: _____

INVESTIGATION/ARREST

Law enforcement agency that arrested you: _____

Names of investigating officers: _____

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

Were others arrested for the crime? Yes No

If yes, list name(s): _____

Why do believe you were arrested? _____

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

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 make a statement? Yes No

If yes, did you make a written 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 or victim**? Yes No

If yes, what items were found (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-defendants**? Yes No

If yes, what items were collected? _____

Was 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

THE 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:

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? _____

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? _____

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. 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
- 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: _____

What did the victim 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: _____

What experts (doctor, psychiatrist, scientist, etc.) testified for the prosecution?

What experts testified for the defense?

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, who are they? _____

Did anyone testify that you admitted to them that you were guilty?

Yes No

If yes, who are they? _____

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:

Type of plea: Guilty plea Alford plea 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? _____

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

Have you filed 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:

HABEAS CORPUS

Have you sought habeas review 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 motions? 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? _____

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: _____

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 testing, e.g., fingerprint, fiber, blood, etc.

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: _____

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? _____

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: _____

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? _____

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? _____

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.			

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 persons?

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, _____ (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____

(Signature)

Received by OIP
