



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	
<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Does Not Meet Criteria
Sentence: _____	Issues: _____
Screen Date: _____	By: _____
OIP Case #: _____	
Conflict Check (by and date): _____	
	<i>Confidential</i>

Received by OIP

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? _____

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? _____

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 and why you are innocent of the crime? _____

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: _____

What did the victim say happened? _____

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

If yes, explain: _____

Did you testify on your own behalf? Yes No

If not, why didn't you testify? _____

Did the alleged victim(s) testify? Yes No

If yes, please provide their names and possible locations: _____

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? Provide names and contact information if possible: _____

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

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: _____

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

If yes, please give their names and what they said: _____

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

Did anyone who testified against you, including the alleged victim, have a reason to lie?

If yes, please explain: _____

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

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

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? _____

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? _____

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

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? _____

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? _____

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)?

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

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

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

Yes No

If yes, please explain:

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

Issues raised on appeal: _____

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

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:

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

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

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: _____

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

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? _____

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

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

Issues raised on appeal: _____

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

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:

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): _____

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.

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:

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.			
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: _____

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, 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)

Received by OIP

EXTRA PAGE 1

EXTRA PAGE 2

EXTRA PAGE 3