



CASE SCREENING QUESTIONNAIRE
Return to: CIP, 225 Cedar Street, San Diego, CA 92101

INMATE NAME: _____

CDC#: _____

Prison: _____

Cell Location: _____ PO Box: _____

City, State, Zip: _____

Social Security #: _____ DOB: _____

Race: _____ **Primary Language:** _____

Trial Court: _____ Trial Court Case No.: _____

Court of Appeal District: _____ Court of Appeal Case#: _____

County of Conviction (**circle**): - Imperial – Kern – Los Angeles – Orange – Riverside – San Bernardino – San Diego – San Luis Obispo – Santa Barbara – Ventura

If you were not convicted in California, please do not continue, we only accept cases where the conviction occurred in **Southern** California

If you were convicted in a **Northern** California county (a county not listed above), you can request a No. Cal. Innocence Project questionnaire by writing to:

NCIP, 500 El Camino Real, Santa Clara, CA 95053

NOTE: DO NOT PROCEED if you have been convicted for a **capital offense** and received a death sentence, and your case is pending appeal, our office cannot assist you in your case unless at the direction of your current or future appellate attorney.

IMPORTANT CONTACT INFORMATION

Trial Attorney *(represented you at trial or on a plea bargain)*

Name: _____

Phone: _____ Fax: _____

Address: _____

Email: _____

Appellate Attorney

Name: _____

Phone: _____ Fax: _____

Address: _____

Email: _____

Please provide information for family or persons (not witnesses), who have current legal information or documents pertaining to your case, who we can contact to assist us:

Name: _____

Phone: _____ Relation: _____

Address: _____

Description of Information:

Name: _____

Phone: _____ Relation: _____

Address: _____

Description of Information:

ABOUT YOUR CASE

(Please type or hand print clearly in the spaces provided)

1. List all of the crimes for which you are currently serving time, and where the conviction was entered:

a. Are you factually innocent of ALL of these charges?: Yes _____ No _____

b. If no, what charges are you factually innocent of?

2. Date and city/state of your arrest?

a. Date of your conviction?

3. What was the length of sentence for each conviction? NOTE: DO NOT PROCEED if you have been convicted for a **capital offense and received a death sentence, and your case is pending appeal, our office cannot assist you in your case unless at the direction of your current or future appellate attorney.**

4. What is the total length of your sentence?

5. Have you appealed your case to the Appellate Court?

Date Filed:

Date Decided:

Case#:

6. Have you appealed your case to the California Supreme Court?

Date Filed:

Date Decided:

Case#:

7. Have you appealed your case to the Federal Court?

Date Filed:

Date Decided:

Case#:

8. Please list any and all documents you have filed with any court since your conviction.

9. State the name and address of any attorneys that represented you on a state or federal petition (*for example, a Petition for Writ of Habeas Corpus*):

10. Who else was charged in connection with this crime? State names and outcome of charges.

11. State clearly your version of the basic facts of the case:

12. Were you present at the scene of the crime before, during, or after the crime?

13. Please provide a physical description of yourself at the time of the crime:

- a. Height: _____ ft. _____ in.
- b. Weight: _____ lbs.
- c. Skin Color:
- d. Hair Length (circle): - Long – Medium – Short – Bald –
- e. Hair Style (circle): - Straight – Curly – Wavy – Afro – Jheri Curl – Pony Tail – Military Cut – Braids – Fade – Other: _____
- f. Facial Hair (circle): - Beard – Stubble – Clean Shaven –
- g. Type of Shirt (circle): - Long Sleeve – Short Sleeve – Sweat Shirt – Other –
 - i. If Other, Describe: _____
- h. Color of Shirt: _____
- i. Type of Pants: _____
- j. Color of Pants: _____
- k. Please List Any Other Clothing: _____
- l. Visible Tattoos (circle): - Yes – No –
 - i. If Yes, please describe the tattoo and its location on your body:

14. Who decided your guilt (circle one): Jury Trial Bench Trial Plea

a. If multiple trials, how many:_____

15. If you had a trial, did you testify at the trial: - Yes – No –

a. If so, give a brief summary of your testimony:

16. Describe any physical/forensic evidence that was introduced at trial:

17. What kinds of scientific testing if any was done to physical/biological evidence:

For Example: blood grouping typing (A, B, O), hair and fiber comparison, DNA testing (RFLP, PCR), etc.

18. State the name, address and telephone number of each and every alibi witness or other defense witness who testified:

19. State the name, address and telephone number of each and every alibi witness or other defense witnesses who were available to testify BUT did not:

20. What new evidence, if any, exists in your case that would lead to proof of innocence?

21. Describe any physical/forensic evidence that was available BUT was not presented at trial:

22. Did you or your attorney ever receive a destruction of evidence notice?

23. List ALL prior convictions, including date of conviction, sentence for each conviction, and amount of time served:

CASE MATERIALS

(Circle those documents you can provide us with. Please do not send anything until we specifically request it.)

- 1. Hearing Transcript**

- 2. Trial Transcript**

- 3. Police Reports** *(Please Describe)*

- 4. Laboratory Reports** *(Please Describe)*

- 5. Appellate Briefs:**
 - a. Appellant (Defense) SEND THIS NOW WITH YOUR QUESTIONNAIRE**
 - b. Respondent (Prosecution)**
 - c. Opinion (Court) SEND THIS NOW WITH YOUR QUESTIONNAIRE**

- 6. Post-Conviction Petitions**

- 7. Other Post-Conviction Motions** *(What Type; Federal or State; Date Decided)*

AUTHORIZATION

This document, or photocopy thereof, authorizes any attorney, law student, intern, or staff member working with the California Innocence Project to communicate with my previous attorneys, the California Department of Corrections, probation and parole officers, governmental agencies, any relevant party or court, the media, as well as other persons deemed necessary in evaluating my case, and to examine and photocopy all communications, correspondences, investigation reports, probation reports, custodial files, medical evaluations, employment records, including any and all documents contained within my prison central file (“C-File”), and any other documents pertaining to me in the possession of such persons or agencies.

This document, or photocopy thereof, authorizes and directs my previous attorneys to release my files and discuss my privileged communications with the California Innocence Project and/or any attorney, law student, or staff member working for the California Innocence Project.

This document, or photocopy thereof, authorizes the California Innocence Project to share information about my case with other innocence projects, prosecutor conviction integrity or review units, or other attorneys working on my behalf. It also authorizes the California Innocence Project to discuss my case with, the media, media representatives, and any other person, entity, or organization that the California Innocence Project believes is in my best interests or the interests of the wrongly convicted.

Further, this document authorizes and directs the California Department of Corrections, probation and parole officers, and all other persons and governmental agencies, to release to the California Innocence Project and/or any attorney, law student, or staff member working for the project, for examination and photocopy, all such communications, correspondence, court documents, investigation reports, probation reports, custodial files, medical evaluations, employment records, including any and all documents contained within my prison central file (“C-File”), and any other documents pertaining to me, and any case involving me, in their possession.

I fully understand that there may be statutes, rules, and regulations that protect the confidentiality of some of the records, files, reports, and information covered by this release; it is my specific intent to waive the protection of the attorney-client privilege and all such statutes; rules, and regulations to the extent necessary to share the above information with the California Innocence Project.

DATED: _____

Signature

(Please print name)