INSTRUCTIONS

The California Innocence Project provides free legal assistance to applicants who are innocent of the crime(s) for which they were convicted. In order to be considered for assistance, you must meet the following criteria:

- **Your trial and direct appeal are over and final.** If you have not yet been convicted and lost your direct appeal, we cannot help you.
- **You conviction(s) occurred in a Southern California county.**
  The counties we take cases from are listed below:
  - Imperial
  - Kern
  - Los Angeles
  - Orange
  - Riverside
  - San Bernardino
  - San Diego
  - San Luis Obispo
  - Santa Barbara
  - Ventura
- **You are innocent of the crimes for which you are convicted.**
  We do not review claims where someone was wrongfully suspected, arrested, or charged, but not actually convicted.
- **New, strong evidence of innocence currently exists or is discoverable.** This is evidence that was not raised at your trial or in any post-conviction filing.

If you were convicted in a Northern California county (a county not listed above), you can request a Northern California Innocence Project application by writing to:

Northern California Innocence Project  
500 El Camino Real  
Santa Clara, CA 95053

Otherwise, if you meet the above criteria and wish to be considered for assistance, please complete the Application, date and sign the Authorization form, and provide the requested documents listed on page 15.
Send your completed Application, signed and dated Authorization, and supporting documents to:

California Innocence Project  
225 Cedar Street  
San Diego, CA 92101

Please note, **WE DO NOT ACCEPT APPLICATION DOCUMENTS IN PERSON.** We only accept applications through the mail.

The California Innocence Project will use this Application and supporting documents to decide whether to investigate your case, and whether to provide assistance to you, so please answer all questions truthfully, completely, and to the best of your ability.

If your Application is incomplete or you fail to date and/or sign the Authorization form, our office will send you another Application and Authorization form and will not begin review of your case until we receive the completed documents back.

We will notify you after your case has been reviewed. This may take quite some time and you may not hear from us for many months, due to the high volume of cases we are reviewing.

During the review process, you may need to pursue remedies on your own in order to meet filing deadlines. Unfortunately, we cannot provide legal advice or assistance until we agree to represent you in a post-conviction filing. You must proceed on your own. Thank you for your patience.
APPLICATION

Please fill out this application truthfully, and to the best of your ability. If you do not know the answer to a question, write “I do not know” in the space. If a question is not applicable to you, write “N/A” in the space. Use additional pages if you do not have sufficient space to answer.

I. PERSONAL INFORMATION

Name (first, middle, last): ________________________________________________

Alias (other names, monikers): ________________________________________________

CDCR#/Booking#: ________________________________________________

Date of Birth: ________________________________________________

Current Prison/Jail/Brig: ________________________________________________

Mailing Address: ________________________________________________

Current Cell Location: ________________________________________________

Race/Ethnicity: ________________________________________________

Primary Language: ________________________________________________

Highest Level of Education: ________________________________________________

Military Service (if any): ________________________________________________

Disabilities (if any): ________________________________________________
II. ATTORNEY INFORMATION

Trial Attorney: ________________________________________________

Address: ________________________________________________

Phone: ________________________________________________

Case Number: ________________________________________________

***

Appellate Attorney (if any): ________________________________________________

Address: ________________________________________________

Phone: ________________________________________________

Case Number(s): ________________________________________________
*Court of Appeal & California Supreme Court

Date Decided: ________________________________________________

***

Current/Other Attorney (if any): ________________________________________________

Address: ________________________________________________

Phone: ________________________________________________

Describe the proceeding(s) and provide any case number(s), and date(s) decided in which you were/are currently represented:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
### FAMILY MEMBER/FRIEND INFORMATION

Please provide the names and contact information of any family member(s) or friend(s) who may have helpful information or documents in your case:

<table>
<thead>
<tr>
<th>Name</th>
<th>________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relation</td>
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</tr>
<tr>
<td>Address</td>
<td>________________________________________________</td>
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<tr>
<td>Phone</td>
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<tr>
<th>Name</th>
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<td>Relation</td>
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<td>Address</td>
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<tr>
<td>Phone</td>
<td>________________________________________________</td>
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</tbody>
</table>

If a family member or friend is filling out this application, please provide your contact information. *Please note that the applicant or legal guardian for the applicant must personally sign the authorization form.*

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
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<td>Relation</td>
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<td>Phone</td>
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</table>
### IV. Basic Case Information

<table>
<thead>
<tr>
<th><strong>Age at the Time of Crime(s):</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Crime(s):</strong></td>
<td></td>
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<tr>
<td><strong>Location of Crime(s):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of Arrest:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Location of Arrest:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Booking Number:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Trial Judge Name:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Type of Trial:</strong></td>
<td>Jury [ ] Bench [ ] Plea Deal (no trial) [ ]</td>
</tr>
<tr>
<td><strong>Multiple Trials:</strong></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td><strong>Prosecutor's Name:</strong></td>
<td></td>
</tr>
</tbody>
</table>

Briefly describe what the prosecutor claimed you did:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Victim(s) Names: ________________________________________________
________________________________________________
________________________________________________

Crime(s) Convicted of: ________________________________________________
______________________________________________________________________________

County of Conviction: ________________________________________________

Date of Sentencing: ________________________________________________

Sentence: ________________________________________________

Parole Eligibility Date (if any): ________________________________________________

# Prior Parole Hearings (if any): ________________________________________________

Are you serving time on any other conviction? Yes ☐ No ☐
If yes, please explain:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Do you have prior adjudications/convictions? Yes ☐ No ☐
If yes, please list them, including the year you incurred them:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Are you actually innocent of everything for which you were convicted?

Yes ☐ No ☐

If your answer is “No,” which convictions are you innocent of?

______________________________________________________________________________

Please explain why you are innocent:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please explain why you believe you were wrongfully convicted:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Do you know how you became a suspect? Yes ☐ No ☐

If yes, please explain:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Were there any other suspects that were not arrested or charged? Yes ☐ No ☐
If yes, please explain:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Did you give a statement to police?  Yes ☐  No ☐

If yes, was it recorded?  Yes ☐  No ☐

If you gave a statement, what did you say?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Did any experts testify at your trial about the following topics (please circle):

- Eyewitness Identifications
- False Confessions
- Bite Marks
- Hair Comparison
- Fingerprints
- Arson/Explosives
- Tool Marks
- Tire Tracks
- DNA
- Psychological Evaluations
- Shaken Baby Syndrome
- Abusive Head Trauma
- Ballistics
- Toxicology
- Shoe Prints
- GPS/Cell Phone Tower Data
- Fiber Comparison
- Gang Evidence
- Blood Spatter
- Testimony of Children
- Scent Detection Dogs

If you circled any issue(s) above, briefly describe how the evidence was used at your trial:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Was any physical or biological evidence collected from the scene?  
Yes ☐  No ☐

If yes, please list any items collected (Examples: blood, semen, fingerprints, clothing, hair, rape kit, weapons):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Did you know the victim(s)/eyewitness(es)?  
Yes ☐  No ☐

If yes, please explain how:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Did the victim(s)/eyewitness(es) identify you as the perpetrator?  
Yes ☐  No ☐

If yes, when and how? (Examples: scene of the crime, live lineup, six-pack, in court):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Did anyone else claim you committed the crime?  
Yes ☐  No ☐

If yes, who, why, and how?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Do any witnesses who testified against you have reasons to lie?  

Yes ☐  No ☐

If yes, please explain:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Do you have reason to believe any of the witnesses against you wish to change their statement(s)?

Yes ☐  No ☐

If yes, please explain:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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

Yes ☐  No ☐

If yes, please explain:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If no, please explain where you were, what you were doing, and who you were with when the crime occurred:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
What defenses did your trial attorney raise at trial (Examples: alibi, self-defense, consent, mistaken identity, diminished capacity, etc.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Did you testify on your own behalf at trial?  

Yes ☐  No ☐

If not, why didn’t you testify?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If you had an alibi, did your alibi witness(es) testify at your trial?  Yes ☐  No ☐

If no, please explain why they did not testify, if you know:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Also, if no, please also provide their names and contact information:

Name:  ________________________________________________

Relation:  ________________________________________________

Address:  ________________________________________________

Phone:  ________________________________________________
Name: ________________________________________________
Relation: ________________________________________________
Address: ________________________________________________
Phone: ________________________________________________

What other witnesses testified for the defense and what did they say?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Who committed this crime (if you know or suspect someone) and why?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What evidence exists or can be discovered that will prove your innocence (circle only ones that you believe apply to your case):

- **DNA will prove my innocence**
- **Someone else has admitted to committing the crime**
- **A jailhouse informant lied about statements I made**
- **Witnesses favorable to me did not testify at trial**
- **An alibi witness will prove my innocence**
- **An eyewitness or victim mistakenly identified me as the perpetrator**
- **An eyewitness or victim lied about my involvement**
- **An eyewitness or victim has recanted**
- **I gave a false confession**
- **I had a bad lawyer**
- **New science supports my innocence claim**
- **Other:** __________________________
  __________________________
  __________________________
Have you applied to the California Innocence Project before? Yes ☐ No ☐

Have you applied to another innocence organization? Yes ☐ No ☐

If yes, which innocence organization(s) have you applied to and what is the status of your case at those organizations?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Have you applied to a prosecutor’s conviction integrity/review unit? Yes ☐ No ☐

If yes, which prosecutor’s office and what is the status of your case?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

VI.
CODEFENDANTS

Were others arrested/charged/convicted in connection with this crime? Yes ☐ No ☐
*If “No,” skip this section.

If yes, please provide their names:

1. Name/CDCR #: ________________________________________________
   Same Trial ☐ Separate Trial ☐ Took a Plea Deal ☐ Charges Dismissed ☐

2. Name/CDCR #: ________________________________________________
   Same Trial ☐ Separate Trial ☐ Took a Plea Deal ☐ Charges Dismissed ☐

3. Name/CDCR #: ________________________________________________
   Same Trial ☐ Separate Trial ☐ Took a Plea Deal ☐ Charges Dismissed ☐

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Did any codefendant(s) make a statement to police?

If yes, what did they say?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Did any codefendant(s) testify against you?  Yes ☐  No ☐

If yes, why did they testify against you and what did they say?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Did you know your codefendant(s) prior to the crime?  Yes ☐  No ☐

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

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Have you been in contact with your codefendant(s) since your trial?  Yes ☐  No ☐

If yes, please explain how often you are in contact and why:

______________________________________________________________________________
______________________________________________________________________________
VII. **DESCRIPTIVE INFORMATION**

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

Height: ________________________________________________

Weight: ________________________________________________

Skin Color: ________________________________________________

Hair Length/Style: ________________________________________________

Facial Hair: ________________________________________________

Scars/Tattoos: ________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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VIII. **ADDITIONAL INFORMATION**

Is there anything else you think we should know about your case?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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Please indicate which documents you have in your possession and send copies of the documents to us with your completed Application and Authorization form. Please do not send us the transcripts from your trial unless we request them.

1. Trial Documents
   - Probation Officer’s Report
   - Abstract of Judgment
   - Police reports
   - Evidence, DNA, or laboratory reports

2. Appellate Documents
   - Appellant’s Opening Brief
   - Respondent’s Brief
   - Appellant’s Reply Brief
   - Court of Appeal Opinion

3. Post-Conviction Documents
   - Witness statements/declarations/affidavits
   - Expert statements/declarations/affidavits
   - Evidence, DNA, or laboratory reports

Would you like your documents returned to you in prison? Yes ☐ No ☐

If no, please provide the contact information for the person to whom we should send your documents:

Name: ________________________________________________

Relation: ________________________________________________

Address: ________________________________________________

________________________________________________

Phone: ________________________________________________
AUTHORIZATION

A. Communication in General

This document, or photocopy thereof, expressly authorizes the California Innocence Project, which includes any attorney, law student, intern, investigator, expert, staff member or anyone else working for or with the California Innocence Project to communicate with anyone who has information about me or my case. This includes all of my previous and current attorney(s), any correctional institution where I am housed or used to be housed, the California Department of Corrections & Rehabilitation, any probation and parole offices, law enforcement or governmental agencies, prosecutors, prosecutor conviction integrity or review units, courts and court staff, witnesses, other innocence organizations, the media, and any other person, entity, or organization that the California Innocence Project believes is pertinent to the review, investigation, or evaluation of my case or is in the interests of the wrongly convicted.

B. Release and Copy of Documents or Other Materials

This document, or photocopy thereof, expressly authorizes and directs anyone or any agency in possession of materials pertaining to me or my case to release them to the California Innocence Project for examination and copying. This includes, but is not limited to any documents, photographs, audio, video, and digital files relating to me or my case.

C. Communication with Prior Attorneys

This document, or photocopy thereof, expressly authorizes and directs my previous and/or current attorney(s) to release all of my files and discuss my privileged communications with the California Innocence Project.

D. Waiver of Confidentiality

I fully understand that there may be statutes, rules, and regulations that protect the confidentiality of some of the information covered by this authorization; 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.

E. Representation

I understand that the California Innocence Project is not agreeing to represent me in any current or future legal proceedings at this time.

F. Expiration of Authorization

I understand that review and evaluation of my case may take months to years. This Authorization remains in effect from the date below until expressly revoked by me in writing. By my signature below, I represent that this waiver is voluntary and given without any reservation.

DATED:_________________   ____________________________________

(signature)

(printed name)