

ROCKY MOUNTAIN INNOCENCE CENTER

SCREENING QUESTIONNAIRE

Instructions: Please answer all the questions below as fully and neatly as you can. The more detailed and clear your answers are, the better we can decide if we can help you. If you need more room to answer any question, please use extra sheets of paper. If you need this questionnaire in Spanish, please let us know.

Please return to:

Rocky Mountain Innocence Center
358 South 700 East, B235
Salt Lake City, UT 84102

Please do not send us any other documents or materials or call or write to us about your case. We will be back in touch with you when we need more information or have made a decision about your request for help.

I. YOUR CONTACT INFORMATION

Name: _____

Prisoner Number: _____

Mailing Address: _____

Prison Counselor/Caseworker Name: _____

II. ABOUT YOU AND YOUR CLAIM OF INNOCENCE

1. What is your first language? _____

2. What is your birthday? _____

3. What is the highest grade level you completed in school? _____

4. What crime(s) were you convicted of? _____

5. When were you convicted of these crimes? _____

6. What was your sentence for these crimes? _____

7. How many years are left on your sentence? _____

Parole eligibility date: _____

Next date to meet Parole Board: _____

8. Is your case now on direct appeal or habeas corpus?

NO _____ YES _____ If YES, what is the status of your case? _____

9. Are you represented by an attorney or another innocence project in your appeal or habeas case?

NO _____ YES _____ If YES, please give their name, address, and telephone: _____

10. Are you innocent of all of the charges against you?

NO _____ YES _____ If NO, of which charges are you innocent or guilty: _____

11. Were you present at any time for the crime(s) you were convicted of?

NO _____ YES _____ If YES, please explain: _____

12. Were you involved in any way in the crime(s) you were convicted of?

NO _____ YES _____ If YES, please explain: _____

13. Please tell your side of the story (how you are innocent) and what evidence proves your innocence?

14. Was any of the evidence that proves your innocence known before your conviction or used at trial?

NO _____ YES _____ If YES, please explain: _____

15. Is any of the evidence that proves your innocence new, meaning was it discovered after your trial?

NO _____ YES _____ If YES, please explain: _____

16. Could DNA testing of any physical evidence be conducted now to help prove your innocence?

NO _____ YES _____ If YES, please explain: _____

17. Would you be willing to submit to a DNA test knowing that the test could show your guilt or innocence?

NO _____ YES _____

18. Do you know who committed the crime(s) you were wrongly convicted of?

NO _____ YES _____ If YES, please give their name(s) and location(s): _____

III. ATTORNEY AND CASE INFORMATION

1. Date and place of crime(s) you were convicted of: _____

2. Date and place of arrest or indictment: _____

3. Investigating detective(s) name: _____

4. Name(s) and age(s) (at the time of the crime) of the alleged victim(s): _____

5. Did you know the alleged victim(s)? NO _____ YES _____

6. Why do you think you were charged for this crime(s)? _____

7. Date and place of conviction: _____

8. Pre-trial and trial attorney(s) (name, address, telephone): _____

9. Pre-trial and trial prosecutor(s) (name): _____

10. Trial Judge (name): _____

11. Were there other defendants in your case?

NO _____ YES _____ If YES, list their names and convictions: _____

12. Did you file an appeal?

NO _____ YES _____ (If you did **not** appeal, please go to Section IV "INVESTIGATION.")

What court heard your first appeal? _____

Date first appeal decided: _____

First appeal attorney(s) (name, address, telephone): _____

13. Was a second appeal filed?

NO _____ YES _____

What court heard your second appeal? _____

Date second appeal decided: _____

Second appeal attorney(s) (name, address, telephone): _____

14. Did you file a habeas corpus or other post-conviction motion?

NO _____ YES _____

In what court did you file your habeas or post-conviction motion? _____

Date motion decided: _____

Post-conviction attorney(s) (name, address, telephone): _____

15. List all of your arrests and convictions before and after the conviction for which you are currently in prison:

IV. INVESTIGATION

A. Alibi

1. Do you have an alibi that proves you could not have committed the crime(s) you were convicted of?

NO _____ YES_____ If YES, please answer questions 2-4:

2. Please describe your alibi and how it can be proven: _____

3. List any alibi witnesses (name, address, telephone): _____

4. Did you tell your attorney about your alibi? NO _____ YES _____

B. Interrogation

1. Did anyone, including the police, interview you?

NO _____ YES _____ If YES, please answer questions 2-10:

2. Were you interviewed before or after your arrest? _____

3. Name(s) of interviewer(s): _____

4. Number of times you were interviewed: _____

5. Time of day of the interview(s): _____

6. Length of the interview(s): _____

7. Were the interviews video or audio taped? NO _____ YES _____

If YES, do you have a transcript? NO _____ YES _____

8. Did you ask to speak with a lawyer during the interview? NO _____ YES _____

If YES, did the interview stop? NO _____ YES _____

9. When was the first time you spoke with your lawyer? _____

10. Did you give a statement or confession?

NO _____ YES _____ If YES, please answer questions 11-16:

11. Describe your statement or confession: _____

12. Who did you give the statement or confession to? _____

13. Was it a written statement or confession? NO _____ YES _____

If YES, who wrote it? _____

Did you sign it? NO _____ YES _____

Do you have a copy of it? NO _____ YES _____

Was your lawyer with you when you signed the statement or confession? NO _____ YES _____

14. Why did you give a statement or confession? _____

15. Was your statement or confession false? NO _____ YES _____

16. Do you feel that you were forced into making a statement or confession?

NO _____ YES _____ If YES, please explain how you were forced: _____

C. Witness Identification

1. Did anyone identify you as the person who committed the crime?

NO _____ YES _____ If YES, who identified you? _____

How were you identified (photograph, line-up, or other)? _____

When and where was the identification made? _____

2. Is your case one of mistaken identity (did the witness make a mistake about you)?

NO _____ YES _____ If YES, please explain: _____

2. Was any testing done on the body fluids, hair samples, or other physical evidence collected?

NO _____ YES _____ If YES, please answer questions 3-6:

3. What was tested and what type of testing was done? _____

4. Who had the testing done? Prosecution _____ Defense _____

5. Who actually did the test? (lab name, address, telephone) _____

6. What was the result of the testing? _____

7. Was a second test done on any of the physical evidence?

NO _____ YES _____ If YES, please answer questions 8-11:

8. What was tested and what type of second testing was done? _____

9. Who had the second test done? Prosecution _____ Defense _____

10. Who actually did the second test? (name, address, telephone) _____

11. What was the result of the second testing? _____

12. Was testing done on all of the physical evidence collected in the investigation?

NO _____ YES _____ If NO, list the evidence that was not tested: _____

13. Is there any physical evidence still available?

NO _____ YES _____ If YES, what and where is it? _____

E. Polygraph

1. Did the police have you take a polygraph test?

NO _____ YES _____ If YES, what was the result? _____

2. Would you be willing to submit to a polygraph test now to help prove your innocence?

NO _____ YES _____

V. TRIAL

IF YOU HAD A TRIAL, please answer questions 1-12 (if you did **not** have a trial, please go to Section VI "GUILTY PLEA").

1. Were you tried by a judge or a jury? Judge _____ Jury _____

2. Describe the prosecution's case at trial: _____

3. Did the prosecution present any physical evidence or forensic test results against you?

NO _____ YES _____ If YES, please list that evidence: _____

5. Did the prosecution present any statement or confession against you?

NO _____ YES _____

If YES, did your attorney make a motion to suppress your statement or confession?

NO _____ YES _____

6. Who testified for the prosecution?

Victim(s) _____ Eyewitness(es) _____ Expert(s) _____ Other(s) _____

Please list all prosecution witnesses (name, address, telephone): _____

7. Please describe your defense at trial: _____

8. Did your attorney present an alibi in your defense?

NO _____ YES _____

9. Did your attorney present any physical evidence or forensic test results in your defense?

NO _____ YES _____ If YES, please list that evidence or test results: _____

11. Did you testify at your trial?

NO _____ YES _____ If NO, why didn't you testify? _____

9. Who testified for the defense?

Alibi Witness(es) _____ Expert(s) _____ Other(s) _____

Please list all defense witnesses (name, address, telephone): _____

12. Did the victim or any other witness have any reason to lie at your trial?

NO _____ YES _____ If YES, please explain: _____

VI. DETAILS OF GUILTY PLEA

IF YOU PLED GUILTY, please answer questions 1-16 (if you did **not** plead guilty, please go Section VII "CHILD SEXUAL ABUSE CASES"):

1. Did your attorney talk to you about the plea agreement?

NO _____ YES _____ If YES, what did your attorney say to you? _____

2. Did you tell your attorney you were innocent? NO _____ YES _____

3. If English is not your first language, did an interpreter explain the plea agreement to you?

NO _____ YES _____

4. Did you understand the plea agreement? NO _____ YES _____

5. Did you understand the charges against you? NO _____ YES _____

6. What did the plea mean to you? What did you think would happen? _____

7. Was the plea in writing?

NO _____ YES _____ If YES, please answer questions 8-10:

8. Did you sign the written plea? NO _____ YES _____

9. Was your attorney present when you signed it? NO _____ YES _____

10. Did you understand what you were signing?

NO _____ YES _____ If NO, what did you think you signed? _____

11. When did you go to court and plead guilty? _____

12. Did the judge ask you if you understood the plea agreement? NO _____ YES _____

13. Was your attorney with you in court when you pled guilty? NO _____ YES _____

If NO, did you ask for your attorney? NO _____ YES _____

14. Did you want to plead guilty or did you want to go to trial? _____

15. Why did you plead guilty? _____

16. Did you know that you could ask to withdraw your plea?

NO _____ YES _____

If YES, did you try to withdraw your plea?

NO _____ YES _____

VII. CHILD SEXUAL ABUSE CASES

IF YOU WERE CONVICTED OF CHILD SEXUAL ABUSE, please answer the following questions (if you were **not** convicted of a crime involving child sexual abuse, please go to Section VIII "CASE MATERIALS").

1. How many children were you accused of abusing? _____

2. For each child tell us (a) their gender, (b) their age at the time of the alleged abuse, (c) their age now, (d) your relationship to the child, and (d) what the child said you did to them:

3. Were the accusations against you by the child(ren) taped?

NO _____ YES _____ If YES, please answer questions 4-6:

4. Did you hear the tapes? NO _____ YES _____

5. Were the tapes used during your trial? NO _____ YES _____

6. Do you know where the tapes are now? NO _____ YES _____

7. Who did the child(ren) first tell about the abuse? _____

8. Was any part of the child(ren)'s story impossible to believe?

NO _____ YES _____ If YES, please explain: _____

9. Why do you think the child(ren) made complaints against you? _____

10. Since being charged and convicted, have the child(ren) changed their claims against you?

NO _____ YES _____ If YES, please explain: _____

11. Was there an agency or social worker involved with the child(ren)?

NO _____ YES _____ If YES, what agency? _____

12. Did your lawyer interview the (child)ren before your trial or before you pled guilty?

NO _____ YES _____

If YES, did your lawyer tell you about the interviews?

NO _____ YES _____

13. Did any of the child(ren) testify against you?

NO _____ YES _____ If YES, what did they say in their testimony? _____

14. Did your attorney question the children? NO _____ YES _____

15. Did a doctor examine the child(ren)?

NO _____ YES _____ If YES, what did the doctor say? _____

16. Were medical reports used at trial?

NO _____ YES _____ If YES, what were those reports? _____

17. Was any physical evidence taken from the child(ren) or the scene?

NO _____ YES _____

If YES, was any of that evidence tested?

NO _____ YES _____

18. Is there any physical evidence available for testing now?

NO _____ YES _____

19. Did the child(ren) have psychological exams?

NO _____ YES _____

If YES, were psychological reports used at trial?

NO _____ YES _____

20. Were other people accused by the child(ren)?

NO _____ YES _____ If YES, please list the name(s) of the other(s) accused: _____

21. If others were accused of abuse by the child(ren), were they convicted?

NO _____ YES _____

If YES, were they convicted of the same crime(s) as you?

NO _____ YES _____

21. Were you given a psychological exam?

NO _____ YES _____

If YES, who gave it to you? _____

What were the results? _____

Were the results used at trial? NO _____ YES _____

VIII. CASE MATERIALS

Can you provide the following documents if we ask for them? (Please **do not** send us any of these or other materials until we request it at a later date.)

Hearing transcript(s) NO _____ YES _____

Trial transcript(s) NO _____ YES _____

Police report(s) NO _____ YES _____ If YES, please list:

Laboratory report(s) NO _____ YES _____ If YES, please list:

Appellate briefs NO _____ YES _____ YES, please list:

This is the end of the Rocky Mountain Innocence Center's *Screening Questionnaire*. Please check to make sure you have fully answered all questions that apply to your case.

Below is a *Waiver and Consent for Release of Records and Information* form. Please complete and sign the form and have it notarized. This form will allow the Rocky Mountain Innocence Center to contact your former attorneys, the police, witnesses, and other individuals who may assist in proving your innocence.

**Please mail your completed questionnaire and waiver/consent form to:
358 South 700 East, B235
Salt Lake City, UT 84102**

Please DO NOT send us any documents or materials other than the completed questionnaire and waiver form, because we cannot consider them and cannot return them to you. We will ask you for other documents and materials when we need them.

Thank you for your time and effort completing this questionnaire. We will contact you as soon as we have completed screening your case. This process takes time, so thank you for your patience.

WAIVER AND CONSENT FOR RELEASE OF RECORDS AND INFORMATION

NAME _____

BIRTHDATE _____

SOCIAL SECURITY NUMBER _____

By signing below, I authorize the Rocky Mountain Innocence Center (“RMIC”) to assign one or more law students, working under the direct and immediate supervision of an attorney, and/or a cooperating attorney, working in conjunction with RMIC, to investigate my case. This includes, but is not limited to, authorizing correspondence and/or telephone calls to prior counsel, prosecutors, or witnesses. I authorize any and all entities and persons, including my former attorney(s), investigator(s), and appellate programs who worked on my case, to release to RMIC or to its staff, student representatives or cooperating attorneys, any and all records, files, reports, and information of any kind related to me or to any criminal case involving me, including police reports, witness statements, post-conviction pleadings, and correctional records, pre-sentencing reports and other documents in prison social services and legal files, legal papers, court documents, medical records, laboratory analyses, probation reports, attorneys files and records, and any other information necessary to the Center’s work on my behalf. I understand 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 all such statutes, rules, and regulations so that confidential information can be shared with RMIC. This authorization shall remain effective unless and until any such revocation signed by me is received and acknowledged by the RMIC.

I understand that the Rocky Mountain Innocence Center (“RMIC”) is at this time only agreeing to represent me in the investigation of my case and that a decision whether to represent me in court will be made at a later time. I further understand that at any point RMIC, at its sole discretion, may determine that further investigation is not warranted, and is under no obligation to continue to investigate my case.

By my signature below, I represent that this waiver is voluntary and given without any reservation. This authorization is effective until revoked by the undersigned in writing.

Signature Date

STATE Of _____ COUNTY Of _____

On this _____ day of _____, 20____, _____ personally appeared before me, and is either personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed on the foregoing Authorization For Release, and acknowledged to me that he / she has read and understands the contents thereof and that he / she signed it voluntarily for its stated purpose.

Notary Public

My Commission Expires: _____ Residing at: _____