

OHIO INNOCENCE PROJECT (OIP) SCREENING QUESTIONNAIRE

NAME: _____

INMATE NUMBER: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

CURRENT CORRECTIONAL FACILITY AND ADDRESS:

CASE MANAGER NAME AND PHONE NUMBER: _____

COUNTY OF CONVICTION: _____

ARRESTING POLICE DEPT: _____

DATE OF CONVICTION: _____

COURT CASE DOCKET NUMBER: _____

Please return this questionnaire to:

Ohio Innocence Project
P.O. Box 210040
Cincinnati, OH 45221

Please complete this questionnaire as fully as possible.
If you do not know the answer to a question, you may leave it blank.

NOTICE: The Ohio Innocence Project and the Ohio Public Defenders (OPD) Wrongful Conviction Unit have signed a Joint Litigation, Common Interest, and Confidentiality Agreement. This means that at times our office and the OPD Wrongful Conviction Unit may share information about cases to avoid duplication of efforts.

OIP Third-Person Contact Authorization Form

This document authorizes and directs any persons or government agencies including, but not limited to, police, prosecution, sheriff, probation, and parole officers and officials, to release to the Ohio Innocence Project and any attorney, staff member, student, or volunteer working under its purview, any and all documents and other materials in their possession pertaining to me or my case.

This document authorizes and directs attorneys who have previously represented me or from whom I have sought legal advice and their agents, to release to the Ohio Innocence Project and any attorney, staff member, student, or volunteer working under its purview, any documents pertaining to me or my case and to disclose to the Ohio Innocence Project any confidential information or privileged communications.

This document authorizes any attorney, staff member, student, or volunteer working with the Ohio Innocence Project to communicate with any persons or government agencies having information relevant to the evaluation of my case, including, but not limited to, attorneys who have previously represented me or from whom I have sought legal advice, as well as police, prosecution, sheriff, corrections, probation, and parole officers and officials. This document further authorizes the Ohio Innocence Project to examine, receive, and/or photocopy any and all documents pertaining to me or my case that are in the possession of such persons or agencies.

This document authorizes any attorney, staff member, student, or volunteer working with the Ohio Innocence Project to communicate with any persons or organizations, including, but not limited to, members of the OPD Wrongful Conviction Unit regarding the evaluation, progress, and/or status of my request for legal assistance.

In all other respects, my interactions with the Ohio Innocence Project will remain privileged and confidential.

This document serves as authorization for the Ohio Innocence Project's evaluation and investigation purposes only.

I understand that the Ohio Innocence Project does not represent me.

By signing below, you understand that if evidence comes to light that undermines your innocence claim, we will not work on your case anymore and will no longer represent you if representation has started. For example, if we litigate to get DNA testing for you, and the DNA test results confirm your guilt, we will discontinue representation. This includes both cases where we are simply investigating and cases where we have started representing you as your attorneys, but then evidence comes forward that shows us you no longer meet our criteria. Because we are a non-profit organization with a limited mission of assisting people only if they have a legitimate innocence claim, if we end up taking your case and representing you, and then new evidence comes forward that undermines your innocence claim, we will stop representing you at that time.

I have read and fully understand the information above.

Signature of inmate: _____

Date: _____

7. Please describe (in detail) the facts of your case. What was the crime? What did the **prosecutors** say happened?

8. Please describe (in detail) the facts of your case. What do **you** think happened (e.g., was there a struggle, were any fluids discharges like semen, saliva, or blood, did the perpetrator touch several items at the crime scene?)

9a. What was the name of the victim(s)?

9b. How did you know the victim(s)?

10. Did you go to trial or plead guilty? Please describe in the space below why you chose to go to trial or plead guilty.

Trial

Pled guilty

11. Did you appeal your conviction(s)?

Yes

No

12. Do you have any litigation pending in court (criminal or civil)?

Yes (Please list all cases below)

No

13. Do you currently have a lawyer? If so, please provide his or her name, address, and telephone number.

Yes

No

14. How did you become a suspect in the case?

15. Describe your arrest: where were you and how and when did it happen?

16. Who were the investigating detectives on your case?

17. Did the police or investigating detective interview you BEFORE you were arrested?

Yes

No

18. Did the police or investigating detective interview you AFTER you were arrested?

Yes

No

19. How many times were you interviewed, and for how long?

20. Was any part of the interview(s) recorded or videotaped? If yes, do you have a copy of the interview?

Yes

No

21. Did you give a written statement?

Yes

No

22. If you gave a statement in any form, please explain why you decided to give a statement, and briefly describe what you told the police.

23. Did you take a lie detector test? If so, when, why, and what was the result?

Yes

No

24. Was any victim or witness asked to identify you prior to trial with a line-up or photos? If so, please describe who identified you and how.

Yes

No

25. Do you know of anyone who was asked to identify you but could not? If so, who, when, and where?

Yes

No

26. Did any eyewitnesses testify, either for you or against you? [An eyewitness is someone who claims he or she actually saw the crime being committed.] If so, please list their names and any information you have about how to contact them.

Yes

No

27. Who was your trial attorney? Was he or she appointed to represent you, or did you hire him or her?

28. Who was the prosecuting attorney?

29. Who was the trial judge?

30. Did you have any co-defendants? Please list all of your co-defendants and any information you have about how to contact them, including their prison number (if known). Did they plead guilty or go to trial? Did any of your co-defendant(s) testify against you?

Yes

No

31. Did you testify on your own behalf? If not, why not?

Yes

No

32. Did any of the victims testify? If so, which one(s)?

Yes

No

33. Did any experts testify for either side? If so, who and what did they say?

Yes

No

34. Did any police informants or snitches testify against you at your trial? If so, who testified and what did they say?

Yes

No

35. Did anyone testify that you confessed to, or admitted being involved in, the crime?

Yes (Please describe below) No

36. Did anybody testify against you in exchange for a promise of leniency in his or her own case?

Yes (Please describe below) No

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

Yes (Please describe below) No

42. Did the prosecution use any of the following “sciences” against you to convict you?
If you check one of the boxes, please explain below.

- | | |
|--|---|
| <input type="checkbox"/> Bite mark analysis | <input type="checkbox"/> Shaken baby-syndrome |
| <input type="checkbox"/> Microscopic hair comparison | <input type="checkbox"/> Blood typing (AB, O, etc.) |
| <input type="checkbox"/> Arson science | <input type="checkbox"/> Microscopic fiber or carpet analysis |
| <input type="checkbox"/> Gun shot residue | |

43. Were DNA test results used against you to convict you?

- Yes (Please describe below) No

44. Please describe the defense that you or your attorney raised at trial. (For example, if you were convicted of rape, did you assert that the sex was consensual, or that you were wrongfully identified? Or did you argue self-defense, present an alibi, or raise some other defense?)

45. Was any physical and/or biological evidence recovered during the investigation of your case? [Examples of this type of evidence are blood, hair, clothing, weapons, etc.] If so, please describe it.

- Yes (Please describe below) No

46.If applicable, was a rape kit obtained from the alleged victim?

Yes

No

47.Did you ever see or hear about a report of the test results? If so, what did it say?

Yes (Please describe below) No

48. Were the results used at trial?

Yes (Please describe below) No

49.Do you know what lab or individual conducted the test?

Yes (Please name below) No

50.What is your first language?

51. What is the highest grade you completed in school?

52. Is there any reason that corresponding in writing will be difficult for you?

Yes (Please describe below) No

53. Have you ever received mental health treatment?

Yes (Please describe below) No

54. Would you be willing to assign a release to allow us to review your medical records?

Yes No (Please describe why not)

55. Were you employed at the time of your arrest? If so, please provide the name, address, and telephone number of your employer:

Yes No

56. Please provide the names, addresses, and phone numbers of family and friends who might have information regarding your case. *By writing these names, you are giving us permission to talk to them about your case.*

57. Has a victim or witness come forward to support your innocence or exonerate you since your conviction?

Yes (Please describe below) No

58. Has any other way to prove your innocence developed after your trial? (For example, has someone else confessed to the crime?)

Yes (Please describe below) No

59. Do you know whether any physical evidence is still available for testing?

Yes (Please describe below) No

60. Do you know who committed the crime(s) of which you were convicted? If yes, please name them below and provide that person's whereabouts (if known).

Yes No

61. How do you know that this person is the true perpetrator?

62. Please tell us anything else you would like us to know that could help us prove your innocence? Use additional sheets of paper if necessary.

Date_____

Signature_____