



Wrongful Conviction Project Screening Questionnaire

The goal of the Ohio Public Defender's Wrongful Conviction Project is to exonerate individuals who did not commit the crime they were convicted of. This Screening Questionnaire will help us learn more about your case. Please read the instructions below before filling out the questionnaire. You may keep this cover page for your reference.

Completing This Questionnaire: Please fill the questionnaire out as completely as you can, but do not worry about answering questions that you do not know the answer to. There is a release form at the end of the questionnaire. Please sign it and return it with the completed questionnaire in the envelope provided.

Returning This Questionnaire: Please return your completed questionnaire within six months of receiving this application. If we do not hear back from you within the six months, we will assume that you are no longer seeking our services, and we will close your file with our Project. Keep in mind that even if your file is closed, you may still contact us in the future to request assistance.

Review Timeline: We receive many requests for help and are unable to determine when we will begin to review your case. However, we will notify you by letter of any updates regarding the status of your case and when we determine whether or not we can accept your case.

Please understand that this is not a continuation of your appeals. We only look at the facts of the crime or alleged crime. Since we do not currently represent you, you are still responsible for meeting any legal filing deadlines.





Office of the Ohio Public Defender

Elizabeth R. Miller, *State Public Defender*

WRONGFUL CONVICTION PROJECT SCREENING QUESTIONNAIRE

NAME: _____

ODRC NUMBER: _____

DATE OF BIRTH: _____

GENDER/PREFERRED PRONOUNS: _____

SOCIAL SECURITY NUMBER: _____

CURRENT CORRECTIONAL FACILITY AND ADDRESS:

CASE MANAGER: _____

CASE MANAGER'S TELEPHONE NUMBER: _____

TODAY'S DATE: _____

If you were not convicted by an Ohio state court, please do not continue. We are not able to accept cases where the conviction is from another state or a federal court.

Please fill out this questionnaire as completely as possible. If you do not know the answer to a question, you may leave it blank. The information you provide is confidential and protected work product.

PART I: CASE INFORMATION

1. Please list the crimes that you were convicted of (for example: murder, attempted murder, rape, robbery, etc.) Also, list your total sentence:

<u>CRIMES CONVICTED OF</u>	<u>SENTENCE</u>

2. Date and county of your conviction, and court case number:

<u>DATE</u>	<u>COUNTY</u>	<u>CASE NUMBER</u>

3. Were you involved in this crime in any way? If so, please explain:

7. Please tell us your side of the story here. It may help to answer these questions:

- a. Why are you not guilty of this crime?
- b. What do you think really happened?
- c. Why were you blamed?
- d. Is there anything else that you want us to know?

(There are extra sheets of paper at the end if you need more room to write).

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

9. What police department arrested you? What were the officers' names?

10. When and where were you arrested? Also, please tell us anything else about your arrest that you think is important.

11. Who were the detectives on your case?

12. Did you talk to the police about your case? If yes, please answer these questions.

a. Were you held in a room and questioned?

b. How many times were you questioned and for how long each time?

c. Was it recorded or videotaped?

d. Did you write a statement?

e. What did you say or write?

13. Did anyone identify you before trial? If yes, please tell us who and whether it was from photos or an in-person line-up.

14. Is there anyone that **could not** identify you when asked by the police? If yes, please tell us who.

15. How were you convicted (circle one)?

Jury trial Judge trial Guilty plea Alford /No Contest plea

16. If you took a plea, please tell us why? If you did not, skip questions #17 and #18.

17. Did you read and sign the plea deal? If yes, was your attorney with you?

18. Did you ever try to withdraw your plea? If yes, what happened?

19. Who was your trial attorney? Were they appointed to represent you or did you hire them?

20. Who was the prosecutor on your case?

21. Who was the trial judge?

22. Did you have any co-defendants in your case? If so, please list their names. If you did not have any co-defendants, skip questions #23 and #24.

23. Did any of your co-defendant(s) testify against you? If yes, please list their name(s).

24. Did you testify against any of your co-defendant(s)? Please explain why you did or did not.

25. Please list the names of any police informants or snitches that testified against you.

26. Please list the names of any victim(s) or alleged victim(s) that testified against you.

27. Please list the names of any eyewitnesses (someone that saw the crime) that testified.

28. Did anyone receive a deal for testifying against you, that you know of? If yes, please list their name(s).

29. Did any doctors, coroners, or other expert witnesses testify? If yes, please list their names if you remember.

30. Did anyone testify in your defense? If yes, please list their names.

31. Did you testify? Why or why not?

32. Please list the evidence from your case, even if it was not used at trial. Evidence may include: fingerprints, DNA, bullets or casings, guns or weapons, medical records, or anything else that you remember.

33. Did you appeal your conviction(s)?

34. Did an attorney help you with your appeal(s)? If so, what is their name?

35. Have you been sued or have you sued someone else because of this case?

36. Has your case ever been reviewed by the Ohio Innocence Project (OIP)? If so, what is the status of their review?

37. Do you currently have a lawyer helping you in any way? If so, please give their name, address, and telephone number.

PART II: NEW EVIDENCE

38. Has a victim or witness come forward with information about your case? If yes, please list their name(s) and what they are saying now. Please also tell us how you learned this information.

39. Do you know who committed the crime(s) of which you were convicted? If yes, please list their name(s), and what you know about them.

40. Has any other information come up since your trial that would help prove that you are innocent? If yes, please tell us about it.

PART III: CASE MATERIALS

41. Please put a check mark next to the things that you have. You **do not** need to send these now. We will write to you when we need them and give you a postage-paid envelope so that you don't have to pay to send them to us. We will safeguard all paperwork sent to our Project.

Trial Transcript_____

Hearing Transcripts_____

Police Reports and/or Witness Statements_____

Evidence Reports (DNA, fingerprints, etc.)_____

Motions or Briefs_____

Court opinions_____

Anything else (Please describe below)

PART IV: ABOUT YOU

Questions #42 - #52 are **optional**, meaning that you do not have to answer them if you do not want to.

42. What is your race and/or ethnicity?

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

For questions #44 through #50, please circle "Yes" or "No."

44. Were you in a special education program or classes? Yes No

45. Have you ever received mental health treatment? Yes No

46. Is English your first language? Yes No

47. Can you read in English? Yes No

48. Can you write in English? Yes No

49. Are you vision-impaired or blind? Yes No

50. Are you hearing-impaired or deaf? Yes No

51. Do you use sign-language to communicate? Yes No

52. If there is anything else you would like to share about your education, development, or mental and physical health, please explain.

53. Is someone reading this form for you? If yes, who?

54. Is someone writing this form for you? If yes, who?

55. Were you working before you were arrested? If yes, who did you work for and where?

56. Please list the names, addresses, and phone numbers of family or friends who might have information about your case.

57. If there is anything else that you want to tell us about your case or about yourself, please do so here. There are extra sheets at the end if you need more room to write.

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**OHIO PUBLIC DEFENDER WRONGFUL CONVICTION PROJECT
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 Public Defender Wrongful Conviction 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 or from whom I have sought legal advice and their agents, to release to the Ohio Public Defender Wrongful Conviction 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 Public Defender Wrongful Conviction Project any confidential information or privileged communications.

This document authorizes any attorney, staff member, student, or volunteer working with the Ohio Public Defender Wrongful Conviction 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, members of the Ohio Innocence Project regarding the evaluation, progress, and/or status of my request for legal assistance, as well as police, prosecution, sheriff, corrections, probation, and parole officers and officials. This document further authorizes the Ohio Public Defender Wrongful Conviction 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 Public Defender Wrongful Conviction Project to communicate with any persons or organizations, including, but not limited to, members of the Wrongful Conviction Project regarding the evaluation, progress, and/or status of my request for legal assistance.

In all other respects, my interactions with the Ohio Public Defender Wrongful Conviction Project will remain privileged and confidential.

This document serves as authorization for the Ohio Public Defender Wrongful Conviction Project's evaluation and investigation purposes only. I understand that the Ohio Public Defender Wrongful Conviction Project does not represent me.

DATE: _____

SIGNATURE: _____

NAME: _____

ODRC NUMBER: _____

ADDRESS: _____

