



THE EXONERATION INITIATIVE

QUESTIONNAIRE

When completing this Questionnaire bear in mind that we focus on cases of factual innocence. It is assumed that this form is being completed by the individual seeking EXI's assistance. If filled out by another person, please specify in question 2 with your name, contact information and your relationship to the person seeking help. Please try to stay within the lines provided for each response. Additional pages should only if absolutely necessary. Do not send additional papers unless you are contacted by us and requested to do so.

BACKGROUND INFORMATION

1. Name. _____

2. Address and prison number. *If not incarcerated provide telephone number(s) including cellular.*

3. Date this Questionnaire is completed.

4. Age and date of birth.

5. What crime or crimes were you convicted of?

6. Date of the crime? _____

7. Date of the conviction? _____
8. What sentence was imposed? _____
9. What is the projected release date? _____
10. What court did the conviction occur in? *If state, indicate state and county (example: NY State, Kings County). If federal, indicate the district (example: SDNY).*

11. What is the Indictment or Docket case number for the conviction? *This is usually the Docket or Indictment Number.*

12. Was the conviction by jury verdict, bench trial, or guilty plea?

13. Name of the judge presiding over the trial and/or the sentencing.

14. Name of the trial prosecutor and his/her office address.

15. Name, address and telephone numbers, including cellulars, of defense counsel at all proceedings:
 - Trial: _____
 - Appeal: _____
 - Post-Conviction: _____
 - Other: _____
16. If you are currently represented, provide the name, address and telephone numbers, including cellular, of current lawyer.

17. Name(s) of co-defendant(s) and current locations and addresses.

18. Do you have a prior criminal history? Yes ___ No ___ (*Provide: charges, of courts, dates, and sentences of other convictions*).

19. If currently serving time on more than one case, please state when the sentences for each case commenced, the length of the sentences on the wrongful conviction case and on the other case(s), and the release dates on each case.

20. The educational background of the person convicted. (*Example: highest grade in school and degrees if any*).

GENERAL CASE INFORMATION

21. Briefly state the nature of the case (*example: murder by stabbing, rape of child*).

22. Date of the arrest? _____

23. If the arrest was not immediate, briefly explain the delay.

24. Are you and the “victim” known to each other? Yes ___ No ___ If so, briefly describe the relationship.

25. What was the prosecution’s theory at trial?

26. Name the witnesses to the alleged crime who testified for the prosecution at trial and briefly describe what they testified to.

27. Did physical evidence link you to the crime (*example: weapon, clothing, vehicle, personal effects*)? Yes ___ No ___ If so, briefly state the significance of such evidence to the conviction.

28. What was the defense theory at trial, if any?

29. Names of the witnesses called by the defense to support the defense theory and briefly describe their testimony?

30. If you have an alibi, was it offered at trial? Yes ___ No ___ Provide the name(s) of the alibi witness(es), addresses and telephone numbers (if known), and briefly explain the alibi testimony.

31. Did you testify at trial? Yes ___ No ___

32. If yes, briefly explain your testimony.

33. Was any evidence suppressed at the pre-trial phase of the case?
Yes ___ No ___

34. If so, identify the evidence and briefly explain why it was suppressed.

EYEWITNESS IDENTIFICATION

35. Was eyewitness identification offered against you at trial? Yes ___ No ___

36. How long after the crime were you identified?

37. Name the eyewitnesses who identified you, the date and place of the identification, and the procedure used? (*examples: show-up, line-up, photo array*).

Witness	Date	Place	Procedure
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

38. Did the identifying witness(es) know you? Yes ___ No ___ If so what was your relationship with the witness(es)?

NON-EXPERT WITNESSES WITH INCENTIVES

39. Describe the relationship between you and the important non-expert witnesses who testified against you, and their incentives to lie. (*Example: cooperated with prosecution; disliked you*).

CONFESSION

40. Was a confession(s) or incriminating statement(s) said to have been made by you that was offered against you at trial? Yes ___ No ___

41. Did you confess or were you alleged to have confessed to any civilians before or after confessing or allegedly confessing to the police?

Yes ___ No ___

42. If so, who did you confess or were you alleged to have confessed to and what was the relationship between you and that person?

43. What was your age at the time of the confession(s)?

44. What factor may have contributed to the false confession(s)?

EXPERTS

45. Did an expert testify *against* you at trial? Yes ___ No ___

46. If so, what type of expert and what did s/he testify to? (*For example: arson, tool marks, bite marks, fingerprints, rape trauma, psychological or psychiatric*).

47. If so, what type of expert and what did s/he testify to?

DNA

48. Was any biological evidence recovered during the investigation linking you or another person to the crime? Yes ___ No ___ Please indicate in the appropriate space below who the biological evidence related to.

Blood: _____
Semen: _____
Saliva: _____
Hair: _____
Other: _____

49. Was the biological evidence tested? Yes ___ No ___ If tested what were the results?

50. What was the significance of the biological evidence to the conviction?

51. Was DNA evidence used at trial? Yes ___ No ___ If so, state the nature of the DNA (*examples: blood, semen, saliva*), and the impact it had on the conviction.

52. Was DNA or other biological or physical evidence collected and *NOT* used at trial? Yes ___ No ___ If so, what was the evidence, why was it not used, and what is its significance to innocence?

APPEALS

53. Was the conviction appealed? Yes ___ No ___

54. If yes, indicate the appellate court, the issues (briefly), the decision, the date of the decision and the appellate docket numbers. If appeal pending, please indicate in Decision/Date space below. *If multiple appeals, use an additional sheet of paper if needed.*

Court: _____

Issues: _____

Decision/Date: _____

Docket No. _____

55. Is it believed that trial counsel provided ineffective assistance?
Yes ___ No ___ If so, briefly explain.

POST-CONVICTION LITIGATION

56. List all post-trial/post-conviction litigation, indicating the nature of the proceeding, the court in which it was filed, the judge's name, the date filed, the determination reached, and the date of the final decision or if pending (examples: 440.10 (g) motion, Bronx Supreme Court (Smith, J.), filed 1/1/2000, denied 5/1/2000; 2254 Eastern District of N.Y. (Doe, J.), filed 6/1/2007, pending).

57. Briefly describe the grounds for the post-trial/post-conviction motion, and if denied the basis for the denial.

58. If an attorney filed the post-trial/post-conviction motion for you, or handled any of the proceedings, please state the attorney's name, address, telephone and cellular numbers.

NEWLY DISCOVERED EVIDENCE

59. Is there newly discovered evidence that was unavailable at trial that can now prove innocence? Yes ___ No ___ If so, what is the nature and form of the

newly discovered evidence (*examples: DNA/blood, witness recantation, new witness, affidavit*)?

60. When was the newly discovered evidence discovered?

61. How was the newly discovered evidence discovered?

62. Why wasn't the newly discovered evidence discovered earlier?

63. If the newly discovered evidence is a witness or witnesses, why are they willing to cooperate now, but were not at the time of trial?

64. Was the newly discovered evidence used in any post-trial proceedings? Yes ___ No ___ If so, how was it used (*examples: biological evidence, affidavits submitted with motion, expert report*)?

65. Were there any witnesses available at trial and that were favorable to you who did *NOT* testify at trial? Yes ___ No ___ If so, provide their names and contact information, describe what they would have testified to, and explain why they did not testify.

66. Was there any physical or documentary evidence available at the time of trial that was favorable to you that was *NOT* offered at trial?

Yes ___ No ___ If so, briefly describe the evidence, indicate why it was not offered and where it is located.

67. Did you or any witnesses take polygraph tests? Yes ___ No ___ If so, who took them, when, where they taken by a defense or prosecution expert, and what were the results?

68. Are you willing to take a polygraph test now?
Yes ___ No ___

RELEASE PAROLE INFORMATION

69. How many appearances have you made before the parole board?
70. When are you next due to appear before the parole board?
71. Did you maintain your innocence to parole officials? Yes ___ No ___
72. If so, on how many occasions? _____

REVIEW BY OTHERS

73. Was any other Innocence Project, Law School, clinic, attorney, or investigator consulted with about this case? Yes ___ No ___ If yes, provide the name, address, telephone, cellular, and email of the organization and person consulted with.

74. Provide the date(s) of the consultation(s), the determination reached, and the basis for the determination.

This Questionnaire should be mailed to The Exoneration Initiative, at 233 Broadway, Suite 2370, New York, NY 10279, faxed to 212-965-9375, or scanned and emailed to info@exi.org. If we believe that the case requires a closer look, we will contact you. Be advised that we have a high volume of cases to review and there may be substantial delay between our receipt of this Questionnaire and our reply. Thank you in advance for your patience.

***PLEASE BE SURE TO SIGN AND RETURN THE ATTACHED
AUTHORIZATION/WAIVER FORM WITH THIS COMPLETED
QUESTIONNAIRE***



AUTHORIZATION/WAIVER

This form must be signed by the wrongfully convicted person seeking review of his/her case.

By signing below, I authorize the Exoneration Initiative to investigate my case. I understand that my case may be assigned to a law student or other non-lawyer working under the direct and immediate supervision of an attorney licensed to practice law in New York. The investigation includes, but is not limited to, authorizing correspondence and/or telephone calls to prior and current counsel, prosecutors, witnesses and others familiar with the case. I understand that by conducting an investigation, the Exoneration Initiative is not agreeing to represent me. I further understand that at any point the Exoneration Initiative may, in its sole discretion, determine that further investigation is not warranted, and that it is under no obligation to continue its investigation or represent me.

I authorize the release of any and all information to attorneys, students or personnel affiliated with the Exoneration Initiative relating to my case. This includes, but is not limited to, the release of court transcripts, police reports, witness statements, post-conviction pleadings and correctional records, including pre-sentencing reports and other documents in prison files.

I authorize the Exoneration Initiative to discuss the merits of my claims, in its discretion, with other attorneys and/or organizations that are interested in evaluating my case for possible representation. I understand that this authorization will remain in effect even if the Exoneration Initiative terminates review and rejects my case. This authorization is effective until revoked by the undersigned in writing.

Name (Printed): _____

Signature: _____ Date: _____