

# OHIO INNOCENCE PROJECT (OIP) APPLICATION

This is the Screening Questionnaire for the Ohio Innocence Project (OIP). The Ohio Innocence Project is a non-profit legal organization that helps innocent people in prison. We sent this form to you because you wrote to us or because someone on the outside asked us to write to you.

SECTION 1: Questions about how you communicate

Please check "yes" or "no" for each question.			
Can you read in English?	□ Yes	□ No	
Can you write in English?	$\square$ Yes	□ No	
Is someone reading this form to you?	$\square$ Yes	□ No	
Is someone writing on this form for you?	$\square$ Yes	□ No	
Are you vision-impaired or blind?	$\square$ Yes	□ No	
Are you hearing-impaired or deaf?	□ Yes	$\square$ No	
Do you use sign-language to communicate?	□ Yes	$\square$ No	
Si quiere esta aplicación en español, por favor m	arca la cajilla a	la derecha y devuelve esta página al	
Proyecto de Inocencia de Ohio.	$\square$ Si		
Do you have any disabilities that you want to tell OIP	about? Please	write your answer in the box below.	

#### SECTION 2: Questions about you and your case

Please write your answers in the boxes.

Your Name:	Your inmate #:
Your Case #:	Are you in prison right now? ☐ Yes ☐ No
	If yes, name of the prison you are at now:
Check this box if you need help with more than one case	
County where your case happened:	Name of the Judge who sentenced you:
None of the Duggeouten in your coor	Name of your defence of towns you
Name of the Prosecutor in your case:	Name of your defense attorney:
	☐ Check this box is this person was a Public Defender

#### **SECTION 3: Consent form**

It is important for the Ohio Innocence Project to talk to people who were involved in your case and to get your case records. Some of these records are private, and some of the people who worked on your case can only talk to OIP if you give them permission. The form below gives the people who worked on your case permission to talk to OIP lawyers and staff. The form also gives permission for the people who worked on your case to share your case files with OIP.

Please read the next page and then write your name on the form, sign it, and write the date if it is ok for the people who worked on your case to talk to OIP and share your records.

CONSENT FOR RELEASE OF INFORMATION
I, (write your name)
I also ask my former lawyers, the Department of Corrections, probation and parole officers, schools, doctors, hospitals, mental health professionals and anybody else with information to talk about my privileged communications (spoken and written) if asked. They should also release all records, files, reports, test results, interview summaries, investigation reports, and other information of any kind related to me or any case involving me to the Ohio Innocence Project.
I fully understand that there might be statutes, rules, and regulations that protect the secrecy of the information covered by this release; I intend to give up the protection of all such statutes, rules, and regulations. By signing below, I state that I am giving up this protection of my own free will.
This form allows the Ohio Innocence Project to communicate with any persons or organizations, including, but not limited to, members of the Ohio Public Defender Wrongful Conviction Unit about the evaluation, progress, and/or status of my request for legal help. <b>NOTICE</b> : The Ohio Innocence Project and the Ohio Public Defender's (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 have information about cases to avoid duplication of efforts.
The Ohio Innocence Project's attorneys, law students, staff members, investigators, and volunteers will keep all privileged files and communications confidential.
I understand that the Ohio Innocence Project does not represent me. If the Ohio Innocence Project decides to accept my case and represent me, I will receive a written agreement at that time.
By signing below, I understand that if evidence is found that shows I am guilty, then the Ohio Innocence Project will no longer work on my case. I affirm that I am telling the truth in this application.
Signed this day of
(sign your name)

Please write your an	estions about dates swers on the lines.	
What date did	the alleged crime happen?	
What date were	e you arrested?	
What date were	e you sentenced?	
SECTION 5: Que Please check one of t	estion about your trial the boxes below.	
☐ Check this b	oox if you went to trial	
☐ Check this b	oox if you pled guilty	
$\Box$ Check this b	oox if you took an Alford Plea	
	stions about your charges and sentence	
	h crime you were charged with <u>that you are claiming inn</u> 10 charges, you can use a separate piece of paper.	ocence for.
you have more than		<u> </u>
You have more than Charge 1:	10 charges, you can use a separate piece of paper.	
Charge 1: Charge 2:	10 charges, you can use a separate piece of paper.	
Charge 1: Charge 2: Charge 3:	10 charges, you can use a separate piece of paper.	
Charge 1: Charge 2: Charge 3: Charge 4:	10 charges, you can use a separate piece of paper.	
charge 1: Charge 2: Charge 3: Charge 4: Charge 5:	10 charges, you can use a separate piece of paper.	
Charge 1: Charge 2: Charge 3: Charge 4: Charge 5: Charge 6:	10 charges, you can use a separate piece of paper.	
you have more than Charge 1: Charge 2: Charge 3: Charge 4: Charge 5: Charge 6: Charge 7:	10 charges, you can use a separate piece of paper.	
Charge 1: Charge 2: Charge 3: Charge 4: Charge 5: Charge 6: Charge 7: Charge 8:	10 charges, you can use a separate piece of paper.	

## **SECTION 7: Questions about the crime**

Please write your answers in the boxes. Please write down as much information as you know. If you run out of space, you can use a separate piece of paper.

Where did the crime happen?
(Some examples of places might be "at my house" or "at a gas station." Please write down as much information as you know. Write the address if you know it.)
Check this box if you were there when the crime happened.
Who was the alleged victim?
(Some examples of things you may write are "my son" or "Jane Doe Simpson." Please write down as much
information as you know. Write the person's full name if you know it.)
☐ Check this box if you don't know who the victim was.
How do you know the alleged victim?
(Some examples of things you may write are "she was my wife" or "I met her at a party")
(Some examples of many write are sine was my wife or 1 met ner at a party )
☐ Check this box if the victim was a stranger.

Did you do any part of the crime? Please tell us about it in the box below.
Check this box if you did not do any part of the crime.
SECTION 8: Questions about the case against you
Please write your answers in the boxes. Please write down as much information as you know. If you run out of space, you can use a separate piece of paper.
If you run out of space, you can use a separate piece of paper.
If you run out of space, you can use a separate piece of paper.  What did the State or police say you did to commit the crime?
If you run out of space, you can use a separate piece of paper.  What did the State or police say you did to commit the crime?
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If you run out of space, you can use a separate piece of paper.  What did the State or police say you did to commit the crime?

How did the police connect you to the crime?	
(Some examples are "Joe Smith said he saw me do it" or "my fingerprint was on the doorknob" or "a witne cked my picture in a lineup")	SS
ence my picture in a tineap	
SECTION 9: Questions about kinds of evidence	
Please check the box next to any kind of evidence that was used in your case. You can check as many boxes as you need to.	
☐ A witness picked me out of a lineup	
☐ A co-defendant told someone I did the crime	
☐ Police said I confessed	
☐ Someone I was in jail with said I confessed	
☐ Someone I know from the outside said I did the crime	
☐ Police said they found my fingerprint at the crime scene	
☐ Police said they found my shoeprint at the crime scene	
☐ Police said they found my hair at the crime scene	
☐ Police said they found my semen (sperm or "cum") at the crime scene	
☐ Police said they found my semen (sperm or "cum") on the victim	
☐ Police said they found my saliva (spit) at the crime scene	
☐ Police said they found my saliva (spit) on the victim	
☐ Police said they found my blood at the crime scene	
☐ Police said they found the victim's DNA on me	
☐ Police said they found my teeth marks on the victim	
☐ Police said they found the victim's teeth marks on me	
☐ Police said I had the victim's property or belonging	
☐ Someone who said they were an "expert" testified at my trial	
□ Other	

If you run out of space, you can use a separate piece of paper.  Please tell us why you are innocent of this crime.  (for example, if you were somewhere else when the crime happened, tell us where you were and what you were doing. If you don't think a crime really happened, tell us why you believe that.)					
for example, a	do you know that a	witness changed a si		ring your trial or ple tho really did the crimow.	

SECTION 10: Questions about your defense

## **SECTION 11: Questions about Post-Conviction**

Please check the box next to any statement that is true

Write the year you filed this on this line
☐ Check this box if you or your lawyer have ever filed a Writ of Habeas Corpus in federal district court Write the year you filed this on this line
□ Check this box if you or your lawyer have ever filed other post-conviction motions.  (Some examples are an Application for Post-Conviction DNA Testing, Petition for Post-Conviction Relief, Motion for a New Trial, or a Rule 60(B) Motion for Relief from a Judgment)  Write the year you filed this on this line
☐ Check this box if you have any motions currently pending in court.  Write the name of motion(s) pending on this line
SECTION 12: Anything else?
If there is anything else you want OIP to know about you or your case, please write it here.
If there is a family member or friend you would like us to discuss any and all details of your case with, including what we may be doing on your behalf, please write their name, relationship to you and phone number in the box.  OIP will not talk to anyone about our work on your case unless you write down their names on this paper.

You've finished the Screening Questionnaire for the Ohio Innocence Project. Once we get it in the mail, it will go in line to be reviewed. We review papers in the order we get them. It may take up to a year for us to review your papers because a lot of people ask for our help. Thank you for being patient. If you have any questions, you can write to us.

You may detach this page from the packet and keep it for your records.

Please mail these papers back to:

# The Ohio Innocence Project University of Cincinnati College of Law PO Box 210040 Cincinnati, OH 45221

DATE MAILED TO OIP:	

**<u>DISCLAIMER</u>**: Prior versions of the Ohio Innocence Project's Application are still accepted. Applications will be reviewed in the order they are received.