



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? Yes No

Is someone reading this form to you? Yes No

Is someone writing on this form for you? Yes No

Are you vision-impaired or blind? Yes No

Are you hearing-impaired or deaf? Yes No

Do you use sign-language to communicate? Yes No

Si quiere esta aplicación en español, por favor marca la cajilla a la derecha y devuelve esta página al Proyecto de Inocencia de Ohio. 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 #: <input type="checkbox"/> Check this box if you need help with more than one case	Are you in prison right now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of the prison you are at now: <input type="checkbox"/> Check this box is this person was a Public Defender
County where your case happened:	Name of the Judge who sentenced you:
Name of the Prosecutor in your case:	Name of your defense attorney: <input type="checkbox"/> 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.

SECTION 4: Questions about dates

Please write your answers on the lines.

What date did the alleged crime happen? _____

What date were you arrested? _____

What date were you sentenced? _____

SECTION 5: Question about your trial

Please check one of the boxes below.

- Check this box if you went to trial
- Check this box if you pled guilty
- Check this box if you took an Alford Plea

SECTION 6: Questions about your charges and sentence

Please write down each crime you were charged with that you are claiming innocence for.

If you have more than 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: _____

Charge 9: _____

Charge 10: _____

Please write down the total number of years you received for your sentence _____

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”)

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.

What did the State or police say you did to commit the crime?

(Some examples are “they said I shot John Doe” or “my baby fell and they said I shook him”)

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 witness picked my picture in a lineup”)

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 _____

SECTION 10: Questions about your defense

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.

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.)

Do you know anything new about your case that you didn't know during your trial or plea?

(for example, do you know that a witness changed a story? Do you know who really did the crime? Do you know about new or different evidence?) Please write any many details as you know.

SECTION 11: Questions about Post-Conviction

Please check the box next to any statement that is true

Check this box if you or your lawyer have ever filed an appeal with the Ohio Supreme Court.
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: _____

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