

Innocence Project Northwest

INSTRUCTIONS FOR APPLICATION FOR LEGAL ASSISTANCE

Innocence Project Northwest (IPNW) provides free legal assistance to convicted prisoners whose **actual innocence** can be demonstrated through DNA testing or other newly discovered evidence.

In order to be considered for assistance, you must meet the following criteria:

- Be wrongly convicted of a state or federal felony crime in Washington State,
- No longer have a right to appointed counsel,
- Be unable to afford counsel,
- Have completed the direct appeals process,
- Have a claim of actual innocence that can be proven through DNA testing or other new evidence,
- Have no involvement in the crime whatsoever (we do not take cases where the claim is an affirmative defense such as consensual sex, self-defense, or accidental death).

If you meet the above criteria and wish to be considered for assistance in proving your innocence, please complete the enclosed application packet:

- Fill out the Application for Legal Assistance as completely as possible. All the information requested helps us evaluate your case. Your application does not have to be complete to apply.
- Sign the consent forms. We cannot review your application until we receive a completed, signed application and the Consent for Release of Information and Authorization for Case Evaluation & Preservation forms.

- Return the completed application and forms as **Legal Mail** to:

Innocence Project Northwest
P.O. Box 85110
Seattle, WA 98145-1110

Please Note: More than one stamp is required to mail this application.

Do not send additional materials until requested by IPNW. We will write to confirm when we receive your application. Please be aware that the application review process can take months.

Innocence Project Northwest

APPLICATION FOR LEGAL ASSISTANCE

CONFIDENTIAL LEGAL MAIL

Please fill this out to the best of your ability.
If you cannot answer a question, you may leave it blank.

Received by IPNW

Name: _____
 First Middle Last

Application Date: _____

Gender: _____ Race: _____

Date of birth: _____

Primary language: _____

Current Correctional Facility and Mailing address:

DOC No.: _____

Age at time of crime: _____

Crime(s) charged with: _____

Crime(s) convicted of: _____

Date of alleged crime: _____ Date of arrest: _____

Location of crime (city/county): _____

Name(s) of victim(s): _____

Name(s) of co-defendant(s): _____

Date of Conviction: _____ County of Conviction: _____

Sentence(s): _____ Expected Release Date: _____

Superior Court Case No.: _____ Trial Judge: _____

Trial Attorney: _____ Prosecutor: _____

Do you claim to be *actually innocent* of all of the above charges? Yes No

If not, which charges are you innocent of? _____

Are you currently represented by an attorney? Yes No

If yes, who? _____

If you are not the prisoner, please provide your contact information and relationship to the prisoner. **Prisoner or legal guardian must sign consent and authorization forms.** _____

Please explain why you are innocent and why you believe you were wrongly convicted.

Do you know why you became a suspect? If so, please explain.

Did you know the victim(s)?

Yes No

If yes, how did you know the victim(s)?

Did the victim(s) identify you as the person who committed the crime?

Yes No

If yes, when and how? (Example: at the scene of the crime, line up, photograph identification, in court)

Did anyone else identify you as the person who committed the crime?

Yes No

If yes, who, when and how?

Were you present at the scene of the crime before, during, or after it occurred?

Yes No

If no, explain where you were and what you were doing when the crime occurred.

Tell us what really happened at the time of the crime. If you don't know because you were somewhere else, tell us where you were and who you were with, if anyone.

If you had a **trial**, what type? Jury Bench

If you **pled guilty**, did you enter: Guilty plea or Alford plea

Were others charged in connection with this crime? Yes No

If yes, names of those charged:

1. Name: _____

Same Trial Separate Trial Took Plea Deal

2. Name: _____

Same Trial Separate Trial Took Plea Deal

3. Name: _____

Same Trial Separate Trial Took Plea Deal

Did you know the co-defendant(s) prior to the crime? Yes No

If **yes**, how did you know them and how well did you know them? _____

Did you file a **Direct Appeal**? Yes No

If so, did the Court of Appeals issue an opinion on your appeal? Yes No

Did the court issue a Mandate? Yes No

If so, on what date was the Mandate issued? _____

INVESTIGATION/ARREST

Incident No: _____ Law enforcement agency that arrested you: _____

Name(s) of investigating officer(s): _____

Place of arrest (location, city, county, state): _____

Were others arrested for the crime? _____

If yes, list name(s): _____

Did the police interview you before you were arrested? Yes No

If yes, how long were you interviewed? _____

Who interviewed you? _____

Did you ask to speak with a lawyer prior to or during the interview process? Yes No

If yes, who was the lawyer you spoke to? _____

If no, when was the first time you spoke with a lawyer? _____

Did you waive your Miranda rights? Yes No

If yes, was the interview electronically recorded? Yes No

Did you make a statement? Yes No

If yes, was it a written statement? Yes No

If yes, did you sign the statement? Yes No

If yes, was your lawyer with you when you signed the statement? Yes No

Did you confess to the crime? Yes No

If yes, was that confession used at trial? Yes No

Explain why you confessed and briefly describe what you told the police:

THE TRIAL

*** If you pled guilty, skip to the next section. ***

What type of trial did you have?

Jury

Bench

What did the prosecutor say happened during the crime? How did they describe your role in the crime?

What did your defense attorney say happened during the crime? _____

What defenses did your attorney raise at trial? (Examples: alibi, self-defense, consent, mistaken identity, diminished capacity, etc.) _____

Tell us, in your own words, what really happened. _____

Were you with the victim(s) at the time of the crime(s)?

Yes

No

If yes, explain: _____

If you had an alibi, did you try to prove it at trial?

Yes

No

Did you testify on your own behalf?

Yes

No

If not, why didn't you testify? _____

Did the victim(s) testify? Yes No

If yes, please provide their names and possible locations: _____

What did they say at trial? _____

Did any eyewitnesses testify for the prosecution? Yes No

If yes, please provide their names and what they said: _____

Did any eyewitnesses testify in your defense? Yes No

If yes, please provide their names and what they said: _____

Other prosecution witnesses (what did they testify to?):

Other defense witnesses (what did they testify to?):

What experts (doctor, psychiatrist, scientist, etc.) testified for the prosecution? Provide names and contact information if possible: _____

What experts testified for the defense? Provide names and contact information if possible:

Did any police informants testify against you at trial? Yes No

Did they claim to have learned information about your case from you while you were in jail? Yes No

Did any alleged accomplice or co-defendant testify against you? Yes No

Did anyone who testified against you, including the victim, have a reason to lie? Yes No

If yes, please explain: _____

If you had multiple trials, how many? And what was the reason for the multiple trials?

PLEA AGREEMENT

***Answer the following questions only if you pled guilty to any charge.*

*If you did not take a plea, skip to the next section.***

Did your attorney advise you to take a plea bargain? Yes No

If yes, what did your attorney say to you to make you decide that a plea was in your best interest?

If no, why did you choose to accept the plea agreement? _____

If English is not your first language, was the plea agreement explained to you in your first language? Yes No

Did you tell your attorney you were innocent? Yes No

If the plea was in writing, did you sign it? Yes No

If yes, was your attorney present? Yes No

Did you read and understand what you were signing? Yes No

If no, why did you sign? _____

Did the judge ask you if you understood the plea? Yes No

Were you told that you could withdraw your plea? Yes No

If yes, what were you told? _____

Did you try to withdraw your plea? Yes No

TRIAL EVIDENCE

Was any physical or biological evidence taken from the crime scene? Yes No

If yes, list items that were found (e.g., blood, semen, fingerprints, clothing, hair, rape kit, weapons, etc.).

If yes, where was the evidence found (e.g., gun in a gutter)?

If yes, was it determined who the evidence belonged to (e.g., the victim/perpetrator)?

Was any physical and/or biological evidence recovered Yes No
from the victim or the victim's clothing?

If yes, was a rape kit collected? Yes No

If yes, what other evidence was collected from the victim? _____

Was physical evidence collected **from you or your clothing?** Yes No

Was the evidence collected from your person or were items taken from your car or home? _____

Was physical evidence collected **from co-defendants?** Yes No

If yes, was the evidence collected from co-defendants' person or were items taken from their car or home? _____

Was testing done on the evidence? Yes No

If yes, what agency performed the test(s)? _____

If yes, what were the results of the testing? _____

Do you have a copy of the results?

Yes

No

Were the results used at trial?

Yes

No

If no, why not? _____

Have you taken a polygraph (lie detector) test?

Yes

No

If yes, how many, when, where and by whom was the test given? _____

Were you told you passed or failed the polygraph?

Pass

Fail

If you failed, why do you think you failed? _____

APPEALS

Did you file a **Direct Appeal**? Yes No

Case #: _____

Date filed: _____

Date Decided: _____

Affirmed or Reversed

Date of Mandate: _____

Issues raised on appeal: _____

If an attorney filed the appeal for you, list name and contact information: _____

Did you file a **Petition for Review with the Washington State Supreme Court**? Yes No

Case #: _____

Date filed: _____

Did the Court hear your case? Yes No

If no, date decided: _____

Issues raised in petition: _____

If an attorney filed the petition for you, list name and contact information: _____

Have you filed a **Personal Restraint Petition or a Motion for a New Trial**? Yes No

Case #: _____

Date filed: _____

Pending? Yes No

If no, date decided: _____

Issues raised in petition/motion: _____

If an attorney filed the petition/motion for you, list name and contact information: _____

Have you appealed to **the Federal Court**?

Yes

No

Case #: _____

Date filed: _____

Pending? Yes No

If no, date decided: _____

Issues raised in petition: _____

If an attorney filed the petition for you, list name and contact information: _____

Have you filed other post-conviction petitions, habeas corpus petitions or motions (i.e. have you filed anything after the guilty verdict or plea)? Yes No

If yes, please provide petition type, case number, date filed and date decided, and all issues raised:

NEW EVIDENCE OF INNOCENCE

Has any victim or witness who testified against you recanted or changed his/her testimony? Yes No

If yes, who? Describe how the story changed. _____

Was this evidence known at the time of your trial? Yes No

Was this evidence presented at trial? Yes No

Has any other way to prove your innocence developed after your trial? Yes No
(For example, has someone else confessed to the crime?)

If so, please describe: _____

Was this evidence known at the time of your trial? Yes No

Was this evidence presented at trial? Yes No

Since your conviction, has any additional testing been done on the physical/biological evidence? Yes No

If yes, what kind of testing, by whom and when? _____

Have you used these results in any post-conviction court filings? Yes No

If yes, which one(s) and when? _____

Do you know whether any physical evidence is still available for testing? Yes No

If yes, what is it, where is it, and who has it? _____

Do you know who committed the crime(s) of which you are convicted?

Yes

No

If **yes**, who committed the crime(s)? _____

How do you know this person is the real perpetrator? _____

If you had an investigator available to investigate your claim of innocence, what would you have the investigator look into? _____

Is there anything else you think could help us prove your innocence? _____

BACKGROUND

Are you serving time on any other conviction(s)?

Yes

No

If yes, explain: _____

Were you employed at the time of your arrest?

Yes

No

If yes, please give a brief statement of your work history: _____

What is your highest grade level completed in school? _____

Did you receive Special Education Services in school?

Yes

No

Explain any medical or mental health issues you have experienced:

Before your conviction: _____

Since your conviction: _____

Please provide the names and contact information of family or friends may have helpful information about your case. _____

Would you like to receive case documents other than correspondence in prison?

Yes

No

Is there any other information about your case you think we should know?

CASE MATERIALS

Do not send any materials now, but please check those documents that you can make available to us upon request:

- Pretrial hearing transcripts
- Trial or plea transcripts
- Police reports
- Appellate briefs
- Laboratory reports
- Medical reports
- Witness statements
- Probation/sentencing report
- Other

If these materials are in the possession of a relative or friend, please indicate how we can get these materials:

Were there any questions in the application you did not understand or think should be changed? Write any feedback below.

Innocence Project Northwest

AUTHORIZATION FOR CASE EVALUATION & PRESERVATION OF EVIDENCE

This document authorizes any attorney, staff member, student, or volunteer, working with Innocence Project Northwest (IPNW) to communicate with any persons or organizations, including but not limited to members of the Innocence Network, regarding the evaluation, progress and/or status of my request for legal assistance.

This document authorizes any attorney, staff member, student, or volunteer, working with IPNW to communicate with any persons or organizations who had or maintain physical custody of evidence in my case. This authorization includes, but is not limited to, communications to determine whether the evidence is preserved, and requests to preserve the evidence while IPNW conducts its evaluation.

In all other respects, my interactions and communications with IPNW will remain confidential.

I understand IPNW is not agreeing to represent me in any current or future legal proceedings at this time.

Signed this _____ day of _____, 20_____.

Signature

Printed Name

Innocence Project Northwest

CONSENT FOR RELEASE OF INFORMATION

This document authorizes and directs any persons or government agencies including, but not limited to, police, prosecutors, probation and parole officers and officials to release to Innocence Project Northwest (IPNW) 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 IPNW and any attorney, staff member, student or volunteer working under its purview, any documents pertaining to me or my case and to disclose to IPNW any confidential information or privileged communications.

This document serves as authorization for IPNW evaluation purposes only. This document serves as authorization for IPNW for ten (10) years from this date.

I fully understand that there may be statutes, rules, and regulations that protect the confidentiality of some of the records, files, reports, and information covered by this release; it is my specific intent to waive the protection of all such statutes, rules, and regulations. By my signature below, I represent that this waiver is voluntary and given without any reservation.

Signed this _____ day of _____, 20_____.

Signature

Printed Name