



Office of the Ohio Public Defender

Timothy Young, State Public Defender

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 and determine if we are able to help you. 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 office. Keep in mind that even if your file is closed, you may still contact us in the future to request assistance.

Review Process: When we receive your completed questionnaire, it will go through our review process below:

- **Review Stage 1:** We will first review your application for factors that may disqualify your case from further review. After Review Stage 1, we will write to let you know if your case has been disqualified, or if it will move to Review Stage 2.
- **Review Stage 2:** If your case passes Review Stage 1, your case file will then be placed in line for our second level of review to determine if there is a way to get your case back into court. During Review Stage 2, your case will be assigned to a staff person for document collection, legal analysis, and potential investigation. We will write to you once this review process begins. When we have completed Review Stage 2, we will let you know whether or not we are able to take your case.

Review Timeline: We receive many requests for help which makes it hard to tell you when we will begin to review your case. However, as stated above, you will receive a letter letting you know if your case qualifies, and another letter once we begin official review.

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 represent you at this time, you are still responsible for meeting any legal filing deadlines.

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TIMOTHY YOUNG
State Public Defender

**WRONGFUL CONVICTION PROJECT
SCREENING QUESTIONNAIRE**

NAME: _____

ODRC NUMBER: _____

DATE OF BIRTH: _____

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.

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:

4. What was the name of the victim(s) or alleged victim(s)?

5. Did you know the victim(s) or alleged victim(s)? If so, how do you know them?

6. Please tell us what the police and prosecutors say that you did. (there are extra sheets of paper at the end if you need more room to write).

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, if you know?
 - 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 officer's names, if you know?

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, if you know?

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 was it from photos or a line-up.

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

15. Who was your trial attorney? Was she or he appointed to represent you, or did you hire her or him?

16. How were you convicted (circle one)?

Jury trial Judge trial Guilty plea Alford /no contest plea

17. If you took a plea, please tell us why? If you did not, go to question #20.

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

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

20. Who was the prosecutor on your case?

21. Who was the trial judge?

22. Please list the names of any co-defendants in your case.

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

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

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

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

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

28. Did any doctors or coroners testify? If yes, please list their names if you remember.

29. Please list the evidence from your case, even if it was not used at trial. Evidence can include; fingerprints, DNA, bullets, guns or weapons, doctor reports and anything else that you remember.

30. Did you testify?

31. Did you appeal your conviction(s)?

32. Did an attorney help you with your appeal(s)? If so, what is his or her name?

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

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

35. Do you currently have a lawyer helping you in any way? If so, please give her or his name, address, and telephone number.

PART II: ABOUT YOU

Questions 36, 37, and 38 are optional, meaning that you do not have to answer them if you do not want to.

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

37. Did you have Special Education issues? ___ (Yes) ___ (No). If yes, please tell us about them.

38. Have you ever received mental health treatment? ___ (Yes) ___ (No). If yes, please tell us about it.

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

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

PART III: NEW EVIDENCE

41. 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.

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

43. 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.

PART IV: CASE MATERIALS

44. 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 you don't have to pay to send them to us.

Trial Transcript _____

Hearing Transcripts _____

Police Reports and/or Witness Statements _____

Evidence Reports (DNA, fingerprints, etc.) _____

Motions or Briefs: _____

Court opinions _____

Anything else (Please describe) _____

45. If there is anything else that you want to tell us about your case or about yourself, please do so here.

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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 me 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: _____
