



Name _____ Prisoner # _____

INITIAL APPLICATION FOR AID

INSTRUCTIONS:

This form will assist us in finding out whether we can help you. Please fill out every section completely and to the best of your knowledge. Do not leave out any information that you believe is important in your case. If you do not know the answer to a question, respond with D/K (don't know). If a question does not apply to your case, mark it N/A(not applicable). **Please be aware that we can only accept complete and signed forms.** Once you have finished the entire form, please send it to our office.

West Virginia Innocence Project
WVU College of Law
Post Office Box 6130
Morgantown, WV 26506-6130 **I. GENERAL INFORMATION**

Personal Information	CASE Information
Inmate Name: _____	Trial Court: _____
Inmate #: _____	Trial Court Case No: _____
Prisoner Mailing Address	County of Conviction: _____
Address: _____	Date of Trial: _____
City: _____ State: ____ Zip Code: _____	Have you filed an Appeal? YES <input type="checkbox"/> NO <input type="checkbox"/>
Social Security Number: _____	Appeal Case Number: _____
Date of Birth: _____	Second Appeal Case Number: _____
Primary Language: _____ Race: _____	Have you filed a Habeas Appeal: YES <input type="checkbox"/> NO <input type="checkbox"/>
Highest Level of Education: _____	Habeas Appeal Number: _____



Name _____ Prisoner # _____

Information Release and Waiver

By signing below, I authorize West Virginia Innocence Project to assign one or more law students, working under the direct and immediate supervision of an attorney, to investigate my case. This includes, but is not limited to, authorizing correspondence and/or telephone calls to prior counsel, prosecutors, and/or witnesses. I authorize any and all entities and persons, including my former attorney(s), investigator(s), and appellate programs who worked on my case, to release to the West Virginia Innocence Project or to its staff or student representatives, any and all records, files, reports, and information of any kind related to me or to any criminal case involving me, including police reports, witness statements, postconviction pleadings, and correctional records, presentencing reports and other documents in prison social services and legal files, legal papers, court documents, medical records, laboratory analyses, probation reports, attorneys files and records, and any other information necessary to the Project's work on my behalf. I understand 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 so that confidential information can be shared with the West Virginia Innocence Project.

I understand that by conducting an initial investigation, the West Virginia Innocence Project is not agreeing to represent me. I further understand that at any point West Virginia Innocence Project, at its sole discretion, may determine that further investigation is not warranted, and is under no obligation to continue to represent me.

By my signature below, I represent that this waiver is voluntary and given without any reservation. This authorization is effective until revoked by the undersigned in writing.

Signature _____ Date _____



Name _____ Prisoner # _____

Screening Agreement

*I understand that the information that I have provided in the formed entitled “Innocence Screening Form” is for the sole purpose of facilitating review of the facts and circumstances of my case by representatives of the West Virginia Innocence Project, including any attorney who may eventually review the screening form. **I understand that I am not “represented” by any attorney at the West Virginia Innocence Project unless that person expressly notifies me in writing that I am to be represented by the office and that the office is enrolling my case.** I understand that any records or statements that may be gathered in the course of this screening process remain confidential to me, and are covered by the attorney-client privilege.*

Signature _____ Date _____

Witness _____



Name _____ Prisoner # _____

Please fill out the following chart as accurately as possible. Use the space provided for each question. You will have the opportunity to explain charge later in the form.

	Crimes you were convicted of at the Trial	Total Sentence (Years and Months)	Time Served (Years and Months)	Time Remaining (Years and Months)
1				
2				
3				
4				
5				
6				

Did you plead guilty to any of the charges above? YES NO
If YES, which ones?

Are you factually innocent of all the charges listed above? YES NO
If NO, please tell us the charges for which you are innocent.

Were there multiple defendants for the charges that you claim innocence?
YES NO



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If YES, please list the names and convictions for each person.

What was the race of the victim?

Has any NEW EVIDENCE proving your innocence become available since your conviction?

YES NO

If YES, briefly list this evidence and how it can prove your innocence.

Have you been convicted of or plead guilty to any prior felonies?

YES NO

If YES, please list each felony charge and date of sentencing.

Have you been subject to any prison disciplinary action during any period of incarceration?

YES NO



Name _____ **Prisoner #** _____

If YES, please list and describe each instance of prison disciplinary action.

Please tell us your attorney's name and contact information for the following, if applicable.

	Name and Firm	Address	Phone Number
Pre-Trial Attorney			
Original (First) Trial			
Appeal			
Habeas Appeal			
Prior Convictions			



Name _____ Prisoner # _____

Please tell us your prosecuting attorney's name and contact information for the following, if applicable.

	Name and Firm	Address	Phone Number
Pre-Trial Attorney			
Original (First) Trial			
Appeal			
Habeas Appeal			
Prior Convictions			

II. INMATE'S STATEMENT OF THE FACTS

Please use the space below to briefly explain your version of the facts of your case. You will have the chance to explain details later in this form as well.



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III. FACTS OF THE CASE

Please answer each question as completely as possible. Use additional paper to answer fully if you need to.

At any time, were you present at the scene of the crime? YES NO
If YES, when were you there? (Check all that apply) Before During After
Explain your answer:

Please tell us where and when the crime you were charged with happened. Provide the specific address or location of the crime and the specific time of day the crime occurred.

Address: _____
City: _____ State: _____ Zip Code: _____

Explain the scene of the crime as best you can, particularly if location is in rural area.

Please explain who else was involved in the crime and how they were involved.



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Name _____ Prisoner # _____

Please list the name and age of all victims in the crime you were charged with.

What reasons do you believe led to your being charged with this crime?

Please explain why you are innocent.



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IV. PROCEDURAL HISTORY

What kind of trial did you have or did you make a plea bargain?(Check One)

Jury Trial Bench Trial (judge only) Plea Bargain

If you accepted a plea, please tell us what charges this was for?

What was the date of your conviction?

Day _____ Month _____ Year _____

Have you appealed to the West Virginia Supreme Court of Appeals? YES NO

Case Number: _____ Date filed: _____ Date Decided: _____

Result of Appeal (Check one): Denied Accepted Pending

Have you filed an appeal to a Federal Court? YES NO

Court _____ Case # _____ Date of Filing _____

Result of Appeal (Check one): Denied Accepted Pending

Court _____ Case # _____ Date of Filing _____

Result of Appeal (Check one): Denied Accepted Pending

Please tell us your federal appellate attorney's name and contract information.

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Were any of your attorneys appointed by the court? If so, please list which ones.



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Are you currently being represented by an attorney? YES NO

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____

Does your attorney know you have sought our help? YES NO

V. FACTS OF YOUR ARREST

What was the date and time of your arrest?

Day _____ Month _____ Year _____ Time: _____

Where were you arrested?

Address: _____
City: _____ State: _____ Zip Code: _____

Please explain how and where you were arrested.

Please list the law enforcement officers involved in the investigation of your case and in your arrest.

Name: _____ Department: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Name: _____ Department: _____
Address: _____
City: _____ State: _____ Zip Code: _____



Name _____ Prisoner # _____

Did the police or Investigating Detective interview you before you were arrested?

YES NO

If YES, please indicate how many times and how long each interview lasted.

Did the police or Investigating Detective interview you after you were arrested?

YES NO

If YES, please indicate how many times and how long each interview lasted.

When was the first time you spoke to your lawyer?

Did you give a recorded statement?

YES NO

How was it recorded (Check all that apply)

Audio Video

Who did you give this statement to?

Did you provide a written statement?

YES NO

If YES, did you sign it?

YES NO

If you gave a statement, please explain why and what you told the police?



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Name _____ Prisoner # _____

Did any of the victims identify you? YES NO
If YES, please explain who identified you; how, when, and where.

Did anyone else identify you? YES NO
If YES, please explain who identified you; how, when, and where.

Is your case one of mistaken identity? YES NO
If YES, please explain why.



Name _____ Prisoner # _____

VI. PLEA AGREEMENT

If you plead guilty to the crime or crimes with which you were charged, or plead guilty to a lesser charge, please answer the following questions. If you went to trial, please skip the following section of questions

When did you accept a plea bargain?

What kind of plea was it?

Did your attorney advise you to take a Plea Bargain? YES NO

If YES, did your attorney tell you why you should accept the plea bargain?

If NO, why did you choose to accept the agreement?

Was your attorney with you in court when you plead guilty? YES NO

Did you tell your attorney you were innocent? YES NO

If your first language is not English, was your plea agreement explained to you in your first language? YES NO

If your Plea was in writing, did you sign it? YES NO

IF YES, was your attorney present?



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Did you understand what you were signing? YES NO
If NO, why did you sign it?

Did the judge ask you if you understood the plea agreement? YES NO
If NO, did he tell you anything about your plea agreement?

Were you told that you could take back your guilty plea? YES NO
If YES, what were you told?

Did you try to take back your plea? YES NO
If YES, tell us why.



Name _____ Prisoner # _____

VII. FACTS OF YOUR TRIAL

What was the name of the Trial Judge?

Did you testify on your own behalf at trial? YES NO
If NO, why not?

The following questions deal with people associated with your trial. If you have ANY information about a person's location, please write it down. If you do not know a specific address, tell us what you do know about where the person lives or stays.

Did any of the alleged victims testify at trial? YES NO

Please supply the following information for any victims of the crime who testified.

Name: _____ Where they live: _____

Way to contact them: _____

Name: _____ Where they live: _____

Way to contact them: _____

Name: _____ Where they live: _____

Way to contact them: _____

Name: _____ Where they live: _____

Way to contact them: _____

Did any eyewitnesses testify on your behalf? YES NO

Please supply the following names for the eyewitnesses that testified.

Name: _____ Where they live: _____



Name _____ Prisoner # _____

Way to contact them: _____

Name: _____ Where they live: _____

Way to contact them: _____

Name: _____ Where they live: _____

Way to contact them: _____

Name: _____ Where they live: _____

Way to contact them: _____

Did any eyewitnesses testify on the prosecution's behalf? YES NO

Please supply the following names for these eyewitnesses.

Name: _____ Where they live: _____

Way to contact them: _____

Name: _____ Where they live: _____

Way to contact them: _____

Name: _____ Where they live: _____

Way to contact them: _____

Name: _____ Where they live: _____

Way to contact them: _____

Please list any EXPERTS that testified on behalf of your defense?

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about? _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about? _____



Name _____ Prisoner # _____

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
What did they testify about?

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
What did they testify about?

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
What did they testify about?

Please list any EXPERTS that testified for the Prosecution.

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
What did they testify about?

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
What did they testify about?

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
What did they testify about?

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
What did they testify about?

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
What did they testify about?



Name _____ Prisoner # _____

Please list anyone else that testified at your trial

A. For the Defense:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about? _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about? _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about? _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about? _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about? _____

B. For the Prosecution:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about? _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about? _____



Name _____ Prisoner # _____

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
What did they testify about?

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
What did they testify about?

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
What did they testify about?

Were you examined by a psychologist, psychiatrist or social worker? YES NO
If YES, did that person testify? YES NO
If NO, why?

Please give a summary of that report:

Did that person write a report of their examination of you? YES NO

Please describe the makeup of your jury. Please note the major race and if they were mostly men or women.



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How long did it take the jury to make a decision?

VIII. EVIDENCE

Was any evidence, physical or biological, recovered from the crime scene? YES NO

If YES, please check all that apply:

Hair Semen Blood Fingernail Scrapings Fingerprints Saliva Skin

Hat Gloves Shoes Mask Shoeprints Footprints Undergarments

Sheets/Bedcover Drinking Containers Cigarette butt Carpet/Rug

Chewing Gum Gun Knife Broken Glass

Other:

Police Case #: _____ (This will help us locate this evidence)

Were any biological samples taken from the victim? YES NO

If YES, what samples were taken?

Were any body fluids found on the victim's clothes? YES NO

If YES, what was obtained?



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Were any biological samples taken from you? YES NO
IF YES, what samples were taken?

Were any bodily fluids found on you? YES NO
If YES, what was obtained?

Was a rape kit obtained from the victim? YES NO
If YES, what samples were obtained (vaginal, anal, saliva, etc.)

Was testing performed on any of the biological evidence obtained for your trial?
YES NO
If YES, please explain what kind of testing was performed.(Ex. Blood group (A,B,O),
DNA, hair comparison, etc.)

Do you have a report of the test results? YES NO

What did the tests show?



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Please list the evidence **used at trial** that you believe supports your claim of innocence.

List any other evidence or testimony that you believe will show your innocence. For each of these items, please tell us if it was used or not at trial.

Please tell us if you believe any of the witnesses of victims had any reason to lie about the crime?

Do you have an alibi that will prove that you could not have committed the crime?

Was this alibi raised at trial?

YES NO

If NO, why not?



Name _____ Prisoner # _____

IX. POST CONVICTION EVIDENCE

Do you have or know of any **new evidence** that would prove your innocence?

YES NO

If NO new evidence has been discovered since your trial, skip the following section of questions.

Biological Evidence

Do you know of any **NEW** biological evidence (Blood, body fluids, hair, etc.) that will prove your innocence?

YES NO

If YES, please indicate what this evidence is.

Do you know of any biological evidence that your attorney had at the time of your trial **BUT WAS NOT TESTED OR EVALUATED?**

YES NO

Is this evidence still available?

YES NO

If YES, please indicate what this evidence is.

Where is the evidence located?

Who has this evidence?



Name _____ Prisoner # _____

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____

Why do you believe this evidence can prove your innocence?

Would you be willing to submit to a DNA test knowing the test could confirm your guilt or innocence in this case and potentially others? YES NO

Have you ever been told that the evidence used in your trial was going to be destroyed? YES NO

If YES, when was the evidence destroyed?

Non-Biological Evidence



Name _____ Prisoner # _____

Do you have any physical evidence (murder weapon, clothing, etc.) other than a biological sample, that will prove your innocence? YES NO

If YES, please indicate what that evidence is.

Who has this evidence and where is it located?

Name:	Address:		
City:	State:	Zip Code:	Phone:

Please indicate how this evidence can prove your innocence.

Has a victim or witness come forward to exonerate you since the end of your trial?

YES NO

If YES, who is this person?



Name _____ Prisoner # _____

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____

How has their story changed?

Why did they change their story?

What other evidence exists, not mentioned above, do you believe would prove your innocence?

Do you know who committed the crime you were wrongly convicted of?
YES NO
If YES, who was this person?

Where are they today?

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____



Name _____ Prisoner # _____

X. PERSONAL INFORMATION

What was the highest level of education that you completed?

Please list any schools you have attended:

Did you have a job at the time of your arrest? YES NO

If YES, please indicate where.

Title:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Please provide family and friends, not listed before, that you believe have information about your arrest, trial or the crime that you were convicted of.

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Relationship: _____ May we contact them? YES NO

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Relationship: _____ May we contact them? YES NO

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Relationship: _____ May we contact them? YES NO



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Name _____ **Prisoner #** _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Relationship: _____ May we contact them? YES NO

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Relationship: _____ May we contact them? YES NO