

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 26506-6130I. **GENERAL INFORMATION**

<b>Personal Information</b>	<b>CASE Information</b>
Inmate Name: _____	Trial Court: _____
Inmate #: _____	Trial Court Case No: _____
<b>Prisoner Mailing Address</b>	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?

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

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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.

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What was the race of the victim?

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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.

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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.

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

YES  NO



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

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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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Name \_\_\_\_\_ Prisoner # \_\_\_\_\_

**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:

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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.

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Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

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

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

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Please explain why you are innocent.

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Name \_\_\_\_\_ Prisoner # \_\_\_\_\_

**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?

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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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Name \_\_\_\_\_ Prisoner # \_\_\_\_\_

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.

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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.

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When was the first time you spoke to your lawyer?

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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?

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

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

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

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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?

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What kind of plea was it?

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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?

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

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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?

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

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

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

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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.

\_\_\_\_\_  
\_\_\_\_\_



Name \_\_\_\_\_ Prisoner # \_\_\_\_\_

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

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**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:

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

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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?

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

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

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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.)

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

What did the tests show?

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Who arranged the testing?    Prosecution  Defense  Other

Who or what laboratory performed the test?

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

Was a second test performed on the materials?                                YES  NO

If YES, please indicate what kind.

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What did the results of the second test show?

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If a second test was performed on the evidence, who arranged it?

Prosecution  Defense  Other

Who or what laboratory performed the second test?

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

Were any of the test results **NOT** used at trial?                                YES  NO

If YES, please tell us why they were not used and what they showed.

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

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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.

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

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

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Was this alibi raised at trial?

YES  NO

If NO, why not?

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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.

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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.

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Where is the evidence located?

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Who has this evidence?

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Name \_\_\_\_\_ Prisoner # \_\_\_\_\_

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

Why do you believe this evidence can prove your innocence?

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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**



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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.

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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.

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

YES  NO

If YES, who is this person?

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

How has their story changed?

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Why did they change their story?

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

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---

Do you know who committed the crime you were wrongly convicted of?

YES  NO

If YES, who was this person?

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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?

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Please list any schools you have attended:

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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

---



**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