

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>	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: Social Security Number:	Have you filed an Appeal? YES □ NO □ Appeal Case Number:
Date of Birth:	Second Appeal Case Number:
Primary Language: Race:	Have you filed a Habeas Appeal: YES $\square$ NO $\square$
Highest Level of Education:	Habeas Appeal Number:



# Information Release and Waiver

By signing below, I authorize <u>West Virginia Innocence Project</u> 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 <u>West Virginia Innocence Project</u> 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 <u>West Virginia Innocence Project</u>.

I understand that by conducting an initial investigation, the <u>West Virginia Innocence Project</u> is not agreeing to represent me. I further understand that at any point <u>West Virginia Innocence Project</u>, 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\_\_\_\_\_

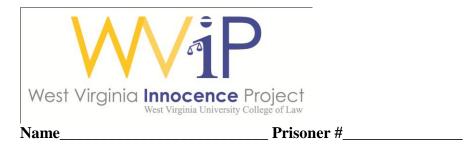


#### Screening Agreement

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 expressively 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\_\_\_\_\_



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 $\Box$ NO $\Box$
If YES, which ones?	

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

Were there multiple defendants for the charges that you claim innocence?

YES  $\square$  NO  $\square$ 



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	П	NO	П
I LO		TIO.	

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	П	NO	П
I LD		110	

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?

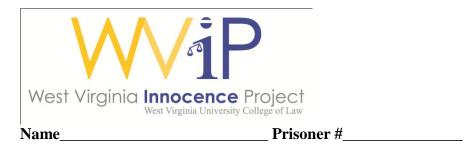
YES  $\square$  NO  $\square$ 



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			
Prior Convictions			



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			
Аррса			
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.





### 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, we	e you present at the	scene of the crime?	$YES \square NO \square$
	ere you there? (Cheo your answer:	ck all that apply)	Before $\Box$ During $\Box$ After $\Box$
		ime you were charged w the specific time of day t	ith happened. Provide the specific the crime occurred.
Address:			
City:	State:	Zip Code:	
Explain the scen	e of the crime as be	st you can, particularly if	location is in rural area.

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



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.



# IV. PROCEDURAL HISTORY

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

Jury Trial  $\Box$  Bench Trial (judge only)  $\Box$  Plea Bargain  $\Box$ 

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

What was the dat Day	-	ction? Year	
• • •		• •	f Appeals? YES 🗆 NO 🗆 _Date Decided:
Result of Appeal	(Check one):	Denied 🗆 Accepted	$\square$ Pending $\square$
Have you filled a Court		ederal Court? Date of Filing	YES 🗆 NO 🗆
Result of Appeal	(Check one):	Denied 🗆 Accepted	$1 \square$ Pending $\square$
Court	Case #	Date of Filing	
Result of Appeal	(Check one):	Denied 🗆 Accepted	$\square$ Pending $\square$
Please tell us you Name:	ır federal appell	ate attorney's name and c Address:	contract information.
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 cu	arrently being represen	ted by an attorney?	YES $\Box$ NO $\Box$
Name:		Address:	
City:	State:	Zip Code:	Phone:
Does your	attorney know you ha	ve sought our help?	YES $\Box$ NO $\Box$
		V. FACTS OF YOUR A	RREST
What was	the date and time of yo	our arrest?	
Day	Month	Year	Time:
Where we	re you arrested?		
Address:			
City:	State:	Zip Code:	
Please exp	lain how and where yo	u were arrested.	
Please list arrest.	the law enforcement o	fficers involved in the in	nvestigation of your case and in your
Name:		Dep	artment:
Address:			
City:	State:	Zip Code:	
Name:		Dep	artment:
Address:			
City:	State:	Zip Code:	

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Name	Prisoner #

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

 $YES \square NO \square$ 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?

How was it recorded (Check all that apply) Who did you give this statement to?

Audio 🗆 Video 🗆

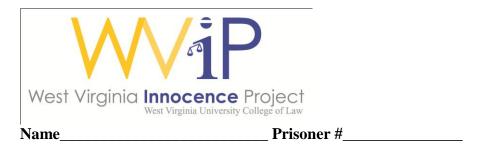
Did you provide a written statement?

If YES, did you sign it?

YES [	NO	
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 INO INTERPORT NO	
Did anyone else identify you? YES □ NO □ IF YES, pleases explain who identified you; how, when, and where.	]
Is your case one of mistaken identity? YES □ NO □ If YES, please explain why.	



## **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  $\Box$  NO  $\Box$ 

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 $\Box$ NO $\Box$
Did you tell your attorney you were innocent?	YES $\Box$ NO $\Box$
If your first language is not English, was your plea agreement explained	ed to you in your first
language?	YES $\Box$ NO $\Box$
If your Plea was in writing, did you sign it? IF YES, was your attorney present?	YES $\Box$ NO $\Box$

West Virginia       Innocence Project         West Virginia       University College of Law         Name       Prisoner #	
Did you understand what you were signing? If NO, why did you sign it?	YES 🗆 NO 🗆
Did the judge ask you if you understood the plea agreement?	$YES \square NO \square$
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? If YES, tell us why.	YES 🗆 NO 🗆

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Name			Pris	soner #_

# VII. FACTS OF YOUR TRIAL

What was the name of the Trial Judge?

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

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 o Please supply the follo	n your behalf? wing names for the eyewitnesse	YES □ NO □ es that testified.
Name:	Where they live:	

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		<b>Prisoner</b> #		
Way to contact the	hem:			
Name: Way to contact the	hem·	Where they live	:	
way to contact th				
Name:		Where they live	:	
Way to contact the	hem:			
Name:		Where they live	:	
Way to contact the	hem:	•		
Please su Name:	pply the following	ne prosecution's behalf? ng names for these eyewithe Where they live	esses.	
Way to contact the	nem:			
Name:		Where they live	:	
Way to contact the	hem:			
Name:		Where they live	:	
Way to contact the	hem:			
Name:		Where they live	:	
Way to contact the	hem:			
Please list any E	XPERTS that tes	tified on behalf of your def	ense?	
Name:		Address:		
City:	State:	Zip Code:	Phone:	
What did they te	stify about?			
Name:		Address:		
City:	State:	Zip Code:	Phone:	
What did they te			•	

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Name	Prisone

Prisoner	#			
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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 tes	stified 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		÷		



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# 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>B. For the Pro</b> Name:	osecution:	Address:		
City:	State:	Zip Code:	Phone:	
What did they	testify about?			
Name:		Address:		
City:	State:	Zip Code:	Phone:	
What did they	testify about?			

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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?		
If YES If NO,	S, did that person testif	ŷ?	YES 🗆 NO 🗆
Please	give a summary of the	at report:	
Did that perso	on write a report of the	ir examination of you?	YES $\Box$ NO $\Box$
Please describ or women.	be the makeup of your	jury. Please note the majo	or race and if they were mostly men



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

#### VIII. EVIDENCE

Was any evidence, physical or biological, recovered fro If YES, please check all that apply:	m the crime scene? YES $\Box$ NO $\Box$
Hair 🗆 Semen 🗆 Blood 🗆 Fingernail Scrapings 🗆	🛛 Fingerprints 🗆 Saliva 🗆 Skin 🗆
Hat 🗆 Gloves 🗆 Shoes 🗆 Mask 🗆 Shoeprints 🗆	] Footprints 🛛 Undergarments 🗆
Sheets/Bedcover  Drinking Containers  Cigarette	e butt 🛛 Carpet/Rug 🗆
Chewing Gum Gun Knife Broken Glass Cother:	
Dallas Casa #	
	(This will half us loosts this swiden as)
Police Case #:	(This will help us locate this evidence)
Were any biological samples taken from the victim? If YES, what samples were taken?	(This will help us locate this evidence) YES   NO

West Virginia Innocence Project         West Virginia University College of Law         NamePrisoner #	
Were any biological samples taken from you? YES INO IF YES, what samples were taken?	
Were any bodily fluids found on you? YES I NO I If YES, what was obtained?	
Was a rape kit obtained from the victim? YES INO I If YES, what samples were obtained (vaginal, anal, saliva, etc.)	
Was testing performed on any of the biological evidence obtained for your trial? YES D NO D If YES, please explain what kind of testing was performed.(Ex. Blood group DNA, hair comparison, etc.)	9 (A,B,O),
Do you have a report of the test results? YES □ NO □ What did the tests show?	

West Virginia	VI P	Project ollege of Law	
Name		Prisoner #	
Who arranged the to	esting? Prosec	cution 🗌 Defense 🗌 Oth	ner 🗆
Who or what labora Name:	tory performed t	he test? Address:	
City:	State:	Zip Code:	Phone:
Was a second test p	erformed on the	materials?	YES 🗆 NO 🗆
If YES, plea	se indicate what	kind.	
What did the results	s of the second te	est show?	
If a second test was	performed on th	e evidence, who arranged	1 it?
		Prosecut	ion $\Box$ Defense $\Box$ Other $\Box$
Who or what labora Name:	tory performed t	he second test? Address:	
City:	State:	Zip Code:	Phone:
Were any of the tes If YES, plea		ed at trial? ey were not used and what	YES $\Box$ NO $\Box$ at they showed.



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? If NO, why not?

YES  $\Box$  NO  $\Box$ 



## **IX. POST CONVICTION EVIDENCE**

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

YES  $\Box$  NO  $\Box$ 

YES  $\Box$  NO  $\Box$ 

# 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

vour	innocence?
your	milloconce.

If YES, please indicate what this evidence is.

_	-							
Do	vou know	of ony h	viological	avidance that	vour attorna	had at	the time of	your trial <b>BUT</b>
D0	VOU KIIOW	UI ally L	JUIUEICal	EVICE IIIal	vour autorne	v nau at		vour urai <b>DU</b>
	<b>J</b>				J			J

#### WAS NOT TESTED OR EVALUATED?

YES  $\Box$  NO  $\Box$ 

YES  $\Box$  NO  $\Box$ 

Is this evidence still available?

If YES, please indicate what this evidence is.

Where is the evidence located?

Who has this evidence?

West Virgi	inia Innocence P West Virginia University Co			
Name	Largent for Contraction addential has	Prisoner #		
Name:		Address:		
City:	State:	Zip Code:	Phone:	

Why do you believe this evidence can prove your innocence?

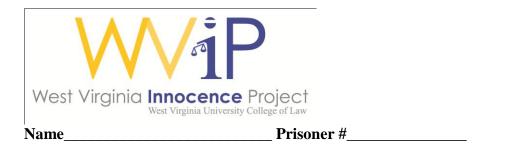
Would you be willing to submit to a DNA test knowing the test could confirm your guilt or innocence in this case and potentially others? YES INO I

Have you ever been told that the evidence used in your trial was going to be destroyed?

YES  $\square$  NO  $\square$ 

If YES, when was the evidence destroyed?

## **Non-Biological Evidence**



Do you have any physical evidence (murder weapon, clothing, etc.) other than a biological

sample, that will prove your innocence? If YES, please indicate what that evidence is. YES  $\Box$  NO  $\Box$ 

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  $\Box$  NO  $\Box$ 

If YES, who is this person?

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We	st Virainia <b>Innocence</b>	Project		
	st Virginia Innocence West Virginia University			
Name		Prisoner #		
Name		Address:		
City:	State:	Zip Code:	Phone:	
	How has their story change	d?		
	Why did they change their	story?		
What	other evidence exists, not me	entioned above, do you	ı believe would prove your innocenc	ce?
Do yo	ou know who committed the c	crime you were wrong	-	
	If YES, who was this perso	n?	$YES \square NO \square$	
	Where are they today?			
Name	:	Address:		
City:	State:	Zip Code:	Phone:	



# 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? If YES, please indicate where. YES  $\square$  NO  $\square$ 

Title:

1 Idie:				
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 $\Box$ NO $\Box$			
Name:		Address:		
City:	State:	Zip Code:	Phone:	
Relationship:		May we contact them? YES $\Box$ NO $\Box$		
Name:		Address:		
City:	State:	Zip Code:	Phone:	
Relationship:		May we contact them? YES $\Box$ NO $\Box$		

West Virginia	A Innocence West Virginia University of	Project College of Law		
Name		Prisoner #		
Name:		Address:		
City:	State:	Zip Code:	Phone:	
Relationship:		May we	e contact them? YES $\Box$ NO	
Name:		Address:		
City:	State:	Zip Code:	Phone:	

Relationship:

May we contact them? YES  $\Box$   $\mbox{ NO }\Box$