

**SCREENING QUESTIONNAIRE**

**Northern California Innocence Project Initial Screening Questionnaire**

Please return to: NCIP, 500 El Camino Real, Santa Clara, CA 95053

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Prison Inmate CDC #: \_\_\_\_\_  
Your Race: \_\_\_\_\_  
Primary Language: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Filling Out  
Questionnaire: \_\_\_\_\_

**I. Case Information:**

- A. What were you convicted of? Charge(s): \_\_\_\_\_  
Penal Code(s): \_\_\_\_\_
- B. County of Conviction: \_\_\_\_\_
- C. Date of Conviction: \_\_\_\_\_
- D. What was your sentence? \_\_\_\_\_
- E. Presumptive parole date: \_\_\_\_\_
- F. Co-Defendants' Names: \_\_\_\_\_
- G. Race of Victim(s): \_\_\_\_\_
- H. Trial Attorney Name: \_\_\_\_\_
- I. Appellate Attorney Name: \_\_\_\_\_
- J. State/Federal Habeas Attorney(s) Names: \_\_\_\_\_  
\_\_\_\_\_

**II. Innocence Claim:**

- A. Are you innocent of the crime(s) for which you were convicted? Explain.  
\_\_\_\_\_  
\_\_\_\_\_
- B. Did you confess to this crime? If so, when and why?  
\_\_\_\_\_  
\_\_\_\_\_
- C. Did you plead guilty to this crime? If so, why?  
\_\_\_\_\_  
\_\_\_\_\_
- D. Were you there when the crime was committed? If yes, explain.  
\_\_\_\_\_  
\_\_\_\_\_
- E. How and why were you identified as the perpetrator of this crime?  
\_\_\_\_\_  
\_\_\_\_\_

F. What evidence was used at trial to convict you?

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G. What was your defense?

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H. List any biological evidence in your case (e.g. semen/sperm from rape kit, blood identified as perpetrator blood, etc.) and specify whether it is evidence from the victim or perpetrator:

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I. Has any of this biological evidence been tested? If so, please specify. What were the results of testing? Was this evidence presented at trial?

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J. What new evidence exists that could prove your innocence? (New evidence is evidence that was not presented at trial.)

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K. Was this evidence available at the time of trial? If so, why was it not used at trial?

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L. Was this evidence presented on appeal or in a habeas petition?

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M. Can someone's testimony prove your innocence? Who? Did they testify at the original trial? What would they say now?

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N. Would you be willing to submit to a DNA test, knowing that the test could confirm your innocence or your guilt?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

O. Would you be willing to submit to a lie detector test to assist in proving your innocence?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**III. Parole Hearing:**

A. Do you have a parole hearing coming up?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

B. Date of parole hearing, if hearing is scheduled: \_\_\_\_\_

C. Name & contact information of your attorney, if you will have one for your parole hearing: \_\_\_\_\_

\_\_\_\_\_

## CONSENT FOR RELEASE OF INFORMATION

By signing below, I authorize the Northern California Innocence Project to assign one or more law students, working under the direct and immediate supervision of an attorney, to investigate my case for the possibility of filing a post-conviction claim. This includes, but is not limited to, authorizing correspondence and/or telephone calls to prior counsel, other Innocence Projects, prosecutors, or witnesses. I authorize any and all entities and persons, including my former attorney(s), investigator(s), Innocence Project(s) and appellate programs who worked on my case, to release to the Northern California 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, post-conviction 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 Northern California Innocence Project.

I understand that by conducting an initial investigation, the Northern California Innocence Project is not agreeing to represent me. I further understand that at any point the Northern California Innocence Project, at its sole discretion, may determine that further investigation is not warranted, and is under no obligation to continue to represent me. Finally, I understand that most cases that the Northern California Innocence Project investigates end without filing a post-conviction claim.

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.

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Date

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Signature

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Printed Name

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Prison Inmate Number

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Date of Birth