

## 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: \_\_\_\_\_  
CDCR #: \_\_\_\_\_  
Your Race: \_\_\_\_\_  
Primary Language: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: \_\_\_\_\_

#### **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 (if applicable): \_\_\_\_\_
- G. Race of Victim(s): \_\_\_\_\_
- H. Trial Attorney Name: \_\_\_\_\_
- I. Appellate Attorney Name: \_\_\_\_\_
- J. State/Federal Habeas Attorney(s) Names: \_\_\_\_\_  
\_\_\_\_\_
- K. Jailhouse Lawyer Name(s): \_\_\_\_\_

#### **II. Innocence Claim:**

- A. Are you innocent of the crime(s) for which you were convicted? Please explain: (Please use extra paper if you need to.)  
\_\_\_\_\_  
\_\_\_\_\_
- B. Were you there when the crime was committed? If yes, explain.  
\_\_\_\_\_  
\_\_\_\_\_
- C. How and why were you identified as the perpetrator of this crime?  
\_\_\_\_\_  
\_\_\_\_\_
- D. Did you confess to this crime? If so, when and why?  
\_\_\_\_\_  
\_\_\_\_\_

E. Did you plead guilty to this crime? If so, why?

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F. If you went to trial, what evidence did the prosecution present?

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G. Did the prosecution rely on any forensic evidence (e.g., arson, bitemarks, DNA, shaken baby syndrome/abusive head trauma testimony)? If so, what forensic evidence did they present?

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H. What defense did your attorney present? Did they call any witnesses?

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I. Did you testify at your trial?

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J. Why do you think you were wrongfully convicted?

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K. Do you think there is a way to prove you were wrongfully convicted? Please explain: (Please use extra paper if you need to.)

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L. Is there evidence of your innocence that already exists that was not presented at trial?

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

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

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

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P. List any biological evidence in your case (e.g. semen/sperm from rape kit, blood identified as perpetrator blood, etc.) and explain whether this evidence was presented as to have come from the victim or perpetrator:

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

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

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

S. 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 date scheduled within the next year?

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: \_\_\_\_\_

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### IV. Resentencing:

A. Do you have a petition pending for resentencing?

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

B. If you do have a resentencing pending, please provide the name and contact information of your attorney, if you have one for your resentencing: \_\_\_\_\_

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## CONSENT FOR RELEASE OF INFORMATION

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 and/or any attorney, law student, or staff member working for the Northern California Innocence Project (“Northern California Innocence Project and its Representatives”), any and all records, files, reports, and information of any kind related to me or to any criminal case involving me, including but not limited to police reports, witness statements, photographs, audio and/or video recordings, post-conviction pleadings, 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, as well as any legal files or files prepared in connection with any litigation, and any other correspondence or documents pertaining or related to any litigation involving me.

This document also authorizes any and all attorney(s), physician(s), expert(s), mental health professional(s), or other individuals, agencies, associations, or organizations, whether public or private, to disclose otherwise confidential, privileged, or work-product information with the Northern California Innocence Project and its Representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability to me for any claimed privacy violation arising from the disclosure of confidential information. You are specifically authorized to photocopy or scan these items and release the copies to the Northern California Innocence Project and its Representatives. You are further authorized, and I hereby request, that you release to the Northern California Innocence Project and its Representatives any and all original files, documents, information, photographs, recordings, and/or records maintained or created in connection with any legal representation or advice ever received.

I further authorize the Northern California Innocence Project to share information about my case with other innocence projects or attorneys working on my behalf.

I understand that by conducting an initial investigation, the Northern California Innocence Project is not agreeing to represent me. I understand that I should continue to pursue all proceedings and not miss any filing deadlines waiting to hear from the Northern California Innocence Project.

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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Date of Birth