INSTRUCTIONS FOR
APPLICATION FOR ASSISTANCE
Innocence Project Northwest ♦ University of Washington School of Law

The Innocence Project Northwest Clinic (IPNW) provides free legal assistance to convicted prisoners whose actual innocence can be demonstrated through DNA testing or other newly discovered evidence.

In order to be considered for assistance, you must minimally meet the following criteria:

- Be wrongly convicted of a felony crime in Washington State,
- No longer have a right to appointed counsel,
- Be unable to afford counsel,
- Have completed the direct appeals process,
- Have at least 3 years of prison time remaining to be served,
- Have a claim of actual innocence that can be proven through DNA testing or other newly-discovered evidence,
- Have no involvement in the crime whatsoever (we do not take cases where the claim is an affirmative defense such as consensual sex, self-defense, or accidental death).

If you meet the above criteria and wish to be considered for assistance in proving your innocence, please fill out the enclosed Application for Assistance, answering each question as completely as possible.

You will not be considered until the clinic has received a completed, signed application and the Consent for Release of Information and Authorization of Evaluation & Preservation forms.

Return the completed application and forms to:

Innocence Project Northwest
U of W School of Law
P.O. Box 85110
Seattle, WA  98145-1110

Do not send additional materials until requested by IPNW. Please be aware that the application review process can take months.
APPLICATION FOR ASSISTANCE
Innocence Project Northwest ♦ University of Washington School of Law

Name: ___________________________________________ Application Date: ____________________

Gender: ☐ M ☐ F Race: _____________________ Offender (DOC) No.: _____________________

Current Correctional Facility and Mailing Address:
____________________________________________________________________________________

Date of Birth: ____________________________ Age at the time of the crime: _________________

Primary Language: _________________________

Prison Counselor: ________________________________ Counselor Phone No. ________________

Crime(s) charged with: __________________________________________________________________

Date of alleged crime: __________________________ Date of arrest: ___________________________

Location of crime (city/county): ________________________________

Name(s) of victim(s): ________________________________

Name(s) of co-defendant(s): ________________________________

Crime(s) convicted of: ___________________________________________________________________

Date of Conviction: ________________________________ County of Conviction: __________________

Sentence(s): ________________________________ Expected Release Date: ______________________

Superior Court Case No.: ________________________________ Trial Judge: ________________________

Trial Attorney: ________________________________ Prosecutor: ___________________________

Do you claim to be actually innocent of all of the above charges? ☐ Yes ☐ No

If not, which charges are you innocent of? ________________________________________________

Was any physical and/or biological evidence collected in this case? ☐ Yes ☐ No

Are you currently represented by an attorney? ☐ Yes ☐ No

If yes, who? __________________________________________________________________________

FOR IPNW USE ONLY

☐ Meets Criteria ☐ Conflict Check ☐ Guilty Plea ☐ DNA

☐ Non-DNA ☐ Pending OR ☐ Reject

Mandate: ________________ Issues: ________________
PRV Denied: ________________
SC Decision: ________________
Screen Date: ________________ By: ________________

Received by IPNW
Please check any of the following that may have been a factor in your wrongful conviction:

- False Confession
- Mistaken Eyewitness Identification
- Faulty or No Forensic Science
- Jailhouse Informant(s)—Snitch
- Ineffective Assistance of Counsel
- Government Misconduct

If you are not the defendant, please provide your contact information and relationship to the defendant.

__________________________________________
__________________________________________
_________________________________________

INVESTIGATION/ARREST

Incident No: ______________  Law enforcement agency that arrested you: _____________________________

Name(s) of investigating officer(s): _____________________________________________________________

Place of arrest (location, city, county, state): ______________________________________________________

Were others arrested for the crime?  ____________________________________________________________

If yes, list name(s): ___________________________________________________________________

Why did you become a suspect?  _______________________________________________________________

____________________________________________________________________________________

Did you know the victim(s):  

Yes ☐ No ☐

If yes, how did you know the victim(s)? _______________________________________________________

____________________________________________________________________________________

Did the victim(s) identify you as the person who committed the crime?  

Yes ☐ No ☐

If yes, when and how? (Example: at the scene of the crime, line up, photograph identification, in court)

____________________________________________________________________________________

Did anyone else identify you as the person who committed the crime?  

Yes ☐ No ☐

If yes, who, when and how? ________________________________________________________________

____________________________________________________________________________________
Were you present at the scene of the crime before, during, or after it occurred?  Yes ☐ No ☐

If no, explain where you were and what you were doing when the crime occurred.
____________________________________________________________________________________
____________________________________________________________________________________

What is your version of what really happened at the time of the crime? If you don’t know because you were somewhere else, tell us where you were and who you were with, if anyone.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Did the police interview you before you were arrested?  Yes ☐ No ☐

If yes, how long were you interviewed?                                     
Who interviewed you?                                                       
____________________________________________________________________________________

Did you ask to speak with a lawyer prior to or during the interview process? Yes ☐ No ☐

If yes, who was the lawyer you spoke to?                                     
If no, when was the first time you spoke with a lawyer?                      
____________________________________________________________________________________

Did you waive your Miranda rights?  Yes ☐ No ☐

If yes, was the interrogation electronically recorded?  Yes ☐ No ☐

Did you make a statement?  Yes ☐ No ☐

If yes, was it a written statement?  Yes ☐ No ☐

If yes, did you sign the statement?  Yes ☐ No ☐

If yes, was your lawyer with you when you signed the statement?  Yes ☐ No ☐

Did you confess to the crime?  Yes ☐ No ☐

If yes, was that confession used at trial?  Yes ☐ No ☐

Explain why you confessed and briefly describe what you told the police:
____________________________________________________________________________________
____________________________________________________________________________________
THE TRIAL

** If you pled guilty, skip to the next section. **

Did you have a trial?  
Yes ☐  No ☐  If yes, what type?  
Jury ☐  Bench ☐

Were others charged in connection with this crime?  
Yes ☐  No ☐

If yes, names of those charged:

1. Name: ____________________________
   ☐ Same Trial  ☐ Separate Trial  ☐ Took Plea Deal

2. Name: ____________________________
   ☐ Same Trial  ☐ Separate Trial  ☐ Took Plea Deal

3. Name: ____________________________
   ☐ Same Trial  ☐ Separate Trial  ☐ Took Plea Deal

Did you know the co-defendant(s) prior to the crime?  
Yes ☐  No ☐

If yes, how did you know them and how well did you know them?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

What were the facts of the crime according to the prosecution (i.e. what happened)? How did the prosecutor describe your role in the crime?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

What did your defense attorney say happened and why you are innocent of the crime?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
What defenses did your attorney raise at trial? (Examples: alibi, self-defense, consent, mistaken identity, diminished capacity, etc.)
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
What did the victim say happened? ____________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Were you with the victim(s) at the time of the crime(s)? Yes ☐ No ☐
 If yes, explain: ____________________________________________________________
__________________________________________________________________________________________
If you had an alibi, did you try to prove it at trial? Yes ☐ No ☐
Did you testify on your own behalf? Yes ☐ No ☐
 If not, why didn’t you testify? ____________________________________________________________
__________________________________________________________________________________________
Did the alleged victim(s) testify? Yes ☐ No ☐
 If yes, please provide their names and possible locations: ______________________________________
__________________________________________________________________________________________
Did any eyewitnesses testify in your defense? Yes ☐ No ☐
 If yes, please provide their names: _________________________________________________________
__________________________________________________________________________________________
Did any eyewitnesses testify for the prosecution? Yes ☐ No ☐
 If yes, please provide their names: _________________________________________________________
__________________________________________________________________________________________
What experts (doctor, psychiatrist, scientist, etc.) testified for the prosecution? Provide names and contact information if possible:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

What experts testified for the defense? Provide names and contact information if possible:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Did any police informants testify against you at trial? Yes □ No □

Did they claim to have learned information about your case from you while you were in jail? Yes □ No □

Did any alleged accomplice testify against you? Yes □ No □

Other prosecution witnesses (what did they testify to?):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Other defense witnesses (what did they testify to?):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Did anyone who testified against you, including the alleged victim, have a reason to lie? Yes □ No □

If yes, please explain: _________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

If you had multiple trials, how many? And what was the reason for the outcome of each trial?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
PLEA AGREEMENT

Answer the following questions only if you pled guilty to any charge.

Did you enter, ☐ a Guilty plea or ☐ an Alford plea

Did your attorney advise you to take a plea bargain? Yes ☐ No ☐

If yes, what did your attorney say to you to make you decide that a plea was in your best interest? ______________________________________________________________
______________________________________________________________________
______________________________________________________________________

If no, why did you choose to accept the plea agreement? ________________________
______________________________________________________________________
______________________________________________________________________

If English is not your first language, was the Yes ☐ No ☐ plea agreement explained to you in your first language?

Did you tell your attorney you were innocent? Yes ☐ No ☐

If the plea was in writing, did you sign it? Yes ☐ No ☐

If yes, was your attorney present? Yes ☐ No ☐

Did you read and understand what you were signing? Yes ☐ No ☐

If no, why did you sign? ________________________________________________
______________________________________________________________________
______________________________________________________________________

Did the judge ask you if you understood the plea? Yes ☐ No ☐

Were you told that you could withdraw your plea? Yes ☐ No ☐

If yes, what were you told? _____________________________________________
______________________________________________________________________

Did you try to withdraw your plea? Yes ☐ No ☐
EVIDENCE

Was any physical evidence taken from the crime scene? Yes ☐ No ☐

If yes, what items were found (e.g., blood, semen, fingerprints, clothing, hair, rape kit, weapons, etc.)? ____________________________________________________________________________________________

If yes, where was the evidence found (i.e. gun in a gutter) and who was the alleged source (victim/perpetrator)? ____________________________________________________________________________________________

___________________________________________

Was any physical and/or biological evidence recovered from the victim or the victim’s clothing? Yes ☐ No ☐

If yes, was a rape kit collected? Yes ☐ No ☐

If yes, what other evidence was collected from the victim? ____________________________________________________________________________________________

Was physical evidence collected from you or your clothing? Yes ☐ No ☐

Was the evidence collected from your person or were items taken from your car or home? ____________________________________________________________________________________________

Was physical evidence collected from co-defendants? Yes ☐ No ☐

If yes, was the evidence collected from co-defendants’ person or were items taken from their car or home? ____________________________________________________________________________________________

Was testing done on the evidence? Yes ☐ No ☐

If yes, what agency performed the test(s)? ____________________________________________________________________________________________

If yes, what were the results of the testing? ____________________________________________________________________________________________
Do you have a copy of the results?  
Yes ☐  No ☐

If yes, please send us a copy.

Were the results used at trial?  
Yes ☐  No ☐

If no, why not?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you taken a polygraph (lie detector) test?  
Yes ☐  No ☐

If yes, how many, when, where and by whom was the test administered?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Were you told you passed or failed the polygraph?  
Pass ☐  Fail ☐

If you failed, why do you think you failed?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

APPEALS

Did you file a Direct Appeal?  
Yes ☐  No ☐

Case #: ____________________________  Date filed: ____________________________

Date Decided: ________________________  Affirmed ☐ or Reversed ☐

Date of Mandate: ______________________

Issues raised on appeal: ______________________________________________________________________
________________________________________________________________________

If an attorney filed the appeal for you, list name and contact information:
________________________________________________________________________
________________________________________________________________________

Did you file a Petition for Review with the Washington State Supreme Court?  Yes ☐  No ☐

Case #: ____________________________  Date filed: ____________________________

Did the Court hear your case?  Yes ☐  No ☐  If no, date decided: ______________________

Issues raised on appeal: ______________________________________________________________________
________________________________________________________________________
If an attorney filed the petition for you, list name and contact information: ____________________________________________

________________________________________________________________________________________

Have you filed a **Personal Restraint Petition?**

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<th>Case #</th>
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Pending? Yes ☐ No ☐

**If no**, date decided: ______________________

Issues raised on appeal: ____________________________________________

________________________________________________________________________________________

If an attorney filed the petition for you, list name and contact information: ____________________________________________

________________________________________________________________________________________

Have you appealed to the **Federal Court?**

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<th>Case #</th>
<th>Date filed</th>
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Pending? Yes ☐ No ☐

**If no**, date decided: ______________________

Issues raised on appeal: ____________________________________________

________________________________________________________________________________________

If an attorney filed the petition for you, list name and contact information: ____________________________________________

________________________________________________________________________________________

Have you filed other post conviction petitions, habeas corpus petitions or motions? Yes ☐ No ☐

**If yes**, please provide petition type, case no., date filed and date decided, as well as all issues raised:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

NEWLY-DISCOVERED EVIDENCE

*Newly-discovered evidence is evidence that could not, through due diligence, have been discovered before trial.*

Has any victim or witness who testified against you recanted his/her testimony? Yes ☐ No ☐

**If yes**, who? Describe how the story changed? ____________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Has any other way to prove your innocence developed after your trial
(for example, has someone else confessed to the crime?)

Yes ☐  No ☐

If so, please describe:__________________________________________________________

_____________________________________________________________________________
                                                                                   
_____________________________________________________________________________
                                                                                   
Since your conviction has any additional testing been done on the
physical/biological evidence?

Yes ☐  No ☐

If yes, what kind of testing, by whom and when? ________________________________

_____________________________________________________________________________
                                                                                   
Have you used these results in any post conviction court filings?

Yes ☐  No ☐

If yes, which one(s) and when? ______________________________________

_____________________________________________________________________________
                                                                                   
Do you know whether any physical evidence is still available for testing?

Yes ☐  No ☐

If yes, what is it, where is it, who has it? ________________________________

_____________________________________________________________________________
                                                                                   
_____________________________________________________________________________
                                                                                   
Do you know who committed the crime(s) of which you are convicted?

Yes ☐  No ☐

If yes, who committed the crime(s)? ________________________________

How do you know this person is the real perpetrator? ________________________________

_____________________________________________________________________________
                                                                                   
If you had an investigator available to investigate your claim of innocence, what would you have the
investigator look into? ___________________________________________________________

_____________________________________________________________________________
                                                                                   
_____________________________________________________________________________
                                                                                   
_____________________________________________________________________________
                                                                                   
Is there anything else you think could help us prove your innocence?

_____________________________________________________________________________
                                                                                   
_____________________________________________________________________________
                                                                                   
_____________________________________________________________________________
CASE MATERIALS

Do not send any materials now, but please check those documents that you can make available to us upon request:

- Pretrial hearing transcripts
- Trial or plea transcripts
- Police reports
- Appellate briefs
- Other

If these materials are in the possession of a relative or friend, please indicate how we can get these materials: ___________________________________________

OTHER

Are you serving time on any other conviction(s)?

- Yes □
- No □

If yes, explain _______________________________________________________________________

Were you employed at the time of your arrest?

- Yes □
- No □

If yes, please give a brief statement of your work history: ____________________________________
_____________________________________________________________________________________

What is your highest grade level completed in school? ______

Did you receive Special Education Services in school?

- Yes □
- No □

Explain any medical or mental health issues you have experienced:

Before your conviction: _________________________________________________________________
___________________________________________________________________________________

Since your conviction: ________________________________________________________________
___________________________________________________________________________________

Please provide the names and contact information of family or friends who might have information regarding your case: ________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Do we have permission to contact these persons?

- Yes □
- No □
CONSENT FOR RELEASE OF INFORMATION

This document authorizes and directs any persons or government agencies including, but not limited to, police, probation and parole officers and officials to release to the Innocence Project Northwest Clinic (IPNW) and any attorney, staff member, student, or volunteer working under its purview, any and all documents and other materials in their possession pertaining to me or my case.

This document authorizes and directs attorneys who have previously represented me or from whom I have sought legal advice and their agents, to release to the IPNW and any attorney, staff member, student or volunteer working under its purview, any documents pertaining to me of my case and to disclose to the IPNW any confidential information or privileged communications.

This document serves as authorization for the IPNW evaluation purposes only. This document serves as authorization for the IPNW for ten (10) years from this date.

I fully understand that 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. By my signature below, I represent that this waiver is voluntary and given without any reservation.

Signed this _____ day of _____________ , 20_____.

________________________________________
Signature

________________________________________
Printed Name
AUTHORIZATION FOR CASE EVALUATION & PRESERVATION OF EVIDENCE

This document authorizes any attorney, staff member, student, or volunteer, working with the Innocence Project Northwest Clinic (IPNW) to communicate with any persons or organizations, including but not limited to members of the Innocence Network, regarding the evaluation, progress and/or status of my request for legal assistance.

This document authorizes any attorney, staff member, student, or volunteer, working with the IPNW to communicate with any persons or organizations, who had or maintain physical custody of evidence in my case. This authorization includes, but is not limited to, communications to determine whether the evidence is preserved, and requests to preserve the evidence while the IPNW conducts its evaluation.

In all other respects, my interactions and communications with the IPNW will remain confidential.

I understand the IPNW is not agreeing to represent me in any current or future legal proceedings at this time.

Signed this _____ day of ______________, 20______.

_____________________________________________________
Signature

_____________________________________________________
Printed Name