

# 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: \_\_\_\_\_  
                    First                                    Middle                                    Last

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				Received by IPNW
<input type="checkbox"/> Meets Criteria	<input type="checkbox"/> Conflict Check	<input type="checkbox"/> Guilty Plea	<input type="checkbox"/> DNA	
Mandate: _____	Issues: _____		<input type="checkbox"/> Non-DNA	
PRV Denied: _____			~~~~~	
SC Decision: _____			<input type="checkbox"/> Pending <u>OR</u>	
Screen Date: _____	By: _____		<input type="checkbox"/> Reject	

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.

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### 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? \_\_\_\_\_

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Did you know the victim(s): Yes  No

**If yes**, how did you know the victim(s)? \_\_\_\_\_

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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)

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Did anyone else identify you as the person who committed the crime? Yes  No

**If yes**, who, when and how? \_\_\_\_\_

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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.

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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.

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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:

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**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?**

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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?

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

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What defenses did your attorney raise at trial? (Examples: alibi, self-defense, consent, mistaken identity, diminished capacity, etc.) \_\_\_\_\_

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What did the victim say happened? \_\_\_\_\_

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Were you with the victim(s) at the time of the crime(s)? Yes  No

**If yes,** explain: \_\_\_\_\_

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**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? \_\_\_\_\_

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Did the alleged victim(s) testify? Yes  No

**If yes,** please provide their names and possible locations: \_\_\_\_\_

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Did any eyewitnesses testify in your defense? Yes  No

**If yes,** please provide their names: \_\_\_\_\_

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Did any eyewitnesses testify for the prosecution? Yes  No

**If yes,** please provide their names: \_\_\_\_\_

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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 plea agreement explained to you in your first language? Yes  No

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.)?

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

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Was any physical and/or biological evidence recovered Yes  No

**from the victim or the victim's clothing?**

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

**If yes**, what other evidence was collected from the victim? \_\_\_\_\_

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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? \_\_\_\_\_

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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? \_\_\_\_\_

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Was testing done on the evidence? Yes  No

**If yes**, what agency performed the test(s)? \_\_\_\_\_

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**If yes**, what were the results of the testing? \_\_\_\_\_

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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**?

Yes  No

Case #: \_\_\_\_\_

Date filed: \_\_\_\_\_

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**?

Yes  No

Case #: \_\_\_\_\_

Date filed: \_\_\_\_\_

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 Yes  No   
(for example, has someone else confessed to the crime?)

**If so**, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Since your conviction has any additional testing been done on the Yes  No   
physical/biological evidence?

**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
- Laboratory reports
- Medical reports
- Witness statements
- Probation/sentencing report

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

University of Washington School of Law  
William H. Gates Hall • P.O. Box 85110 • Seattle, Washington 98145-1110

## 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 or 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\_\_\_\_\_.

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*Signature*

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Printed Name

University of Washington School of Law  
William H. Gates Hall • P.O. Box 85110 • Seattle, Washington 98145-1110

**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\_\_\_\_\_.

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*Signature*

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Printed Name