



**CASE SCREENING QUESTIONNAIRE**  
**Return to: CIP, 225 Cedar Street, San Diego, CA 92101**

INMATE NAME: \_\_\_\_\_

CDC#: \_\_\_\_\_

Prison: \_\_\_\_\_

Cell Location: \_\_\_\_\_ PO Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Race: \_\_\_\_\_ **Primary Language:** \_\_\_\_\_

Trial Court: \_\_\_\_\_ Trial Court Case No.: \_\_\_\_\_

Court of Appeal District: \_\_\_\_\_ Court of Appeal Case#: \_\_\_\_\_

County of Conviction (**circle**): - Imperial – Kern – Los Angeles – Orange – Riverside – San Bernardino – San Diego – San Luis Obispo – Santa Barbara – Ventura

**If you were not convicted in California, please do not continue**, we only accept cases where the conviction occurred in **Southern** California

If you were convicted in a **Northern** California county (a county not listed above), you can request a No. Cal. Innocence Project questionnaire by writing to:

**NCIP, 500 El Camino Real, Santa Clara, CA 95053**

**NOTE: DO NOT PROCEED** if you have been convicted for a **capital offense** and received a death sentence, and your case is pending appeal, our office cannot assist you in your case unless at the direction of your current or future appellate attorney.

IMPORTANT CONTACT INFORMATION

**Trial Attorney** *(represented you at trial or on a plea bargain)*

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Appellate Attorney**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Please provide information for family or persons (not witnesses), who have current legal information or documents pertaining to your case, who we can contact to assist us:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Information:

**ABOUT YOUR CASE**

*(Please type or hand print clearly in the spaces provided)*

**1. List all of the crimes for which you are currently serving time, and where the conviction was entered:**

**a. Are you factually innocent of ALL of these charges?:** Yes \_\_\_\_\_ No \_\_\_\_\_

**b. If no, what charges are you factually innocent of?**

**2. Date and city/state of your arrest?**

**a. Date of your conviction?**

**3. What was the length of sentence for each conviction? NOTE: DO NOT PROCEED if you have been convicted for a **capital offense** and received a death sentence, and your case is pending appeal, our office cannot assist you in your case unless at the direction of your current or future appellate attorney.**

**4. What is the total length of your sentence?**

**5. Have you appealed your case to the Appellate Court?**

**Date Filed:**

**Date Decided:**

**Case#:**

**6. Have you appealed your case to the California Supreme Court?**

**Date Filed:**

**Date Decided:**

**Case#:**

**7. Have you appealed your case to the Federal Court?**

**Date Filed:**

**Date Decided:**

**Case#:**

**8. Please list any and all documents you have filed with any court since your conviction.**

**9. State the name and address of any attorneys that represented you on a state or federal petition (*for example, a Petition for Writ of Habeas Corpus*):**

**10. Who else was charged in connection with this crime? State names and outcome of charges.**

**11. State clearly your version of the basic facts of the case:**

**12. Were you present at the scene of the crime before, during, or after the crime?**

**13. Please provide a physical description of yourself at the time of the crime:**

- a. Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.
- b. Weight: \_\_\_\_\_ lbs.
- c. Skin Color \_\_\_\_\_:
- d. Hair Length (circle): - Long – Medium – Short – Bald –
- e. Hair Style (circle): - Straight – Curly – Wavy – Afro – Jheri Curl – Pony Tail – Military Cut – Braids – Fade – Other: \_\_\_\_\_
- f. Facial Hair (circle): - Beard – Stubble – Clean Shaven –
- g. Type of Shirt (circle): - Long Sleeve – Short Sleeve – Sweat Shirt – Other –
  - i. If Other, Describe: \_\_\_\_\_
- h. Color of Shirt: \_\_\_\_\_
- i. Type of Pants: \_\_\_\_\_
- j. Color of Pants: \_\_\_\_\_
- k. Please List Any Other Clothing: \_\_\_\_\_
- l. Visible Tattoos (circle): - Yes – No –
  - i. If Yes, please describe the tattoo and its location on your body:

**14. Who decided your guilt (circle one):      Jury Trial      Bench Trial      Plea**

**a. If multiple trials, how many:\_\_\_\_\_**

**15. If you had a trial, did you testify at the trial: - Yes – No –**

**a. If so, give a brief summary of your testimony:**

**16. Describe any physical/forensic evidence that was introduced at trial:**

**17. What kinds of scientific testing if any was done on physical/biological evidence:**

*For Example: blood grouping typing (A, B, O), hair and fiber comparison, DNA testing (RFLP, PCR), etc.*

**18. State the name, address and telephone number of each and every alibi witness or other defense witness who testified:**

**19. State the name, address and telephone number of each and every alibi witness or other defense witnesses who were available to testify BUT did not:**

**20. What new evidence, if any, exists in your case that would lead to proof of innocence?**

**21. Describe any physical/forensic evidence that was available BUT was not presented at trial:**

**22. Did you or your attorney ever receive a destruction of evidence notice?**

**23. List ALL prior convictions, including date of conviction, sentence for each conviction, and amount of time served:**

## **CASE MATERIALS**

*(Circle those documents you can provide us with. Please do not send anything until we specifically request it.)*

- 1. Hearing Transcript**
  
- 2. Trial Transcript**
  
- 3. Police Reports** *(Please Describe)*
  
- 4. Laboratory Reports** *(Please Describe)*
  
- 5. Appellate Briefs:**
  - a. Appellant (Defense) SEND THIS NOW WITH YOUR QUESTIONNAIRE**
  - b. Respondent (Prosecution)**
  - c. Opinion (Court) SEND THIS NOW WITH YOUR QUESTIONNAIRE**
  
- 6. Post-Conviction Petitions**
  
- 7. Other Post-Conviction Motions** *(What Type; Federal or State; Date Decided)*



**AUTHORIZATION**

This document, or photocopy thereof, authorizes any attorney, law student, or staff member working with the California Innocence Project to communicate with my previous attorneys, the Department of Corrections, probation and parole officers, governmental agencies, media, as well as other persons deemed necessary in evaluating my case, and to examine and photocopy all communications, correspondences, investigation reports, probation reports, custodial files, medical evaluations, employment records, and other documents pertaining to me in the possession of such persons or agencies.

This document authorizes and directs my previous attorneys to release my files and discuss my privileged communications with the California Innocence Project and/or any attorney, law student, or staff member working for the California Innocence Project. Further, this document authorizes and directs the Department of Corrections, probation and parole officers, and all other persons and governmental agencies, to release to the California Innocence Project and/or any attorney, law student, or staff member working for the project, for examination and photocopy, all such communications, correspondence, court documents, investigation reports, probation reports, custodial files, medical evaluations, employment records, and other documents pertaining to me, and any case involving me, in their possession.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Please print name)