



Great North Innocence Project – Screening Questionnaire

We sent this form to you because you asked for our help with your claim of innocence. If you want the Great North Innocence Project to review your case, please fill out this form, sign the Release and Authorization, and mail them back to us at: Great North Innocence Project, 229 19th Ave S, Suite 285, Minneapolis, MN 55455.

*Your answers to these questions will help us decide whether we will be able to take on your case because you are **actually innocent** of the crime for which you were convicted. Please answer each question as fully and as truthfully as you can. If you don't know the answer to one of the questions, just say that you don't know. Please **PRINT or type** your answers as clearly as you can.*

ABOUT YOU:

Name: _____ Offender ID # (OID): _____

Name at Time of Trial/Appeal: _____

Social Security Number: _____ Date of Birth: _____

Name of Prison: _____

Street Address: _____

City, State, Zip: _____

Name of Prison Counselor/Case Worker: _____

What is your first language? _____

What is your race? _____

What is the highest grade level you completed in school? _____

Please check "yes" or "no" for each question.

Can you read in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you write in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is someone reading this form to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is someone writing on this form for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you vision-impaired or blind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you hearing-impaired or deaf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you use sign-language to talk or listen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you have any disabilities that you want to tell us about? Please write your answer in

the box below.

Have you ever been the victim of an assault (including sexual assault)? Yes ☐ No ☐

Please describe briefly. _____

ABOUT YOUR CASE:

What crime were you convicted of? _____

How long was your sentence? _____ What is your release date? _____

List Co-Defendants in this case: _____

Before this conviction, had you ever been convicted of another crime? Yes ☐ No ☐

If "Yes," what were you convicted of? _____

Please check the box next to any of these things that are true about your case.

- ☐ Someone got hurt because I was defending myself.
- ☐ Someone died because I was defending myself.
- ☐ I did something illegal because I was drunk or high.
- ☐ I did something illegal because I have an illness.
- ☐ I did something illegal because someone else forced me.
- ☐ I did something illegal and got too much time in prison.
- ☐ I did something illegal but my lawyer did not do his/her job.
- ☐ I had sexual contact with someone who lied and said I forced him/her but we both agreed to the sexual contact.
- ☐ Check this box if none of the statements are true about your case.

Are you claiming actual innocence of the crime for which you were convicted?

Yes ☐ No ☐

If "No," do not answer any more questions and mail this form back to us.

If "Yes," please keep filling out this form.

Court and Attorney Information

1. Date and place of conviction (City, County, State): _____

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2. State Court File Number: _____
3. Your trial attorney (Name, Address, Telephone) (If you had different trial and pre-trial attorneys, please list both): _____
- _____
- _____
4. The prosecuting attorney (Name, Address, Telephone): _____
- _____
5. Name of Trial Judge: _____

Questions About the Crime

(If you run out of space, you may use a separate piece of paper.)

1. When did the crime happen? _____
2. Where did the crime happen?
(Some examples of places might be "at my house" or "at a gas station." Please write down as much information as you know. Write the address if you know it.): _____
- _____
- _____

☐ Check this box if you were there when the crime happened.

3. Who was the alleged victim?
(Some examples of things you may write are "my son" or "Jane Doe Simpson." Please write down as much information as you know. Write the person's full name if you know it.): _____
- _____
- _____

☐ Check this box if you don't know who the victim was.

4. How do you know the alleged victim?
(Some examples of things you may write are "she was my wife" or "I met her at a party.")
- _____
- _____
- _____

☐ Check this box if the victim was a stranger.

5. Did you do any part of the crime? Please tell us about it in the space below.
- _____
- _____
- _____

- ☐ Check this box if you did not do any part of the crime.

Questions About the Case Against You

(If you run out of space, you may use a separate piece of paper.)

1. When and where were you arrested?

2. What police department arrested you?

3. What did the prosecutor or police say you did to commit the crime?

(Some examples are "they said I shot John Doe" or "my baby fell and they said I shook him.")

4. How did the police connect you to the crime?

(Some examples are "Joe Smith said he saw me do it" or "my fingerprint was on the doorknob" or "a witness picked my picture out of a lineup.")

5. Please check the box next to any kind of evidence that was used in your case. You may check as many boxes as you need to.

- ☐ A witness picked me out of a line-up
- ☐ A co-defendant told someone I did the crime
- ☐ The victim said I did the crime
- ☐ Police said I confessed
- ☐ Someone I was in jail with said I confessed
- ☐ Someone I know from the outside said I did the crime
- ☐ Police said they found my fingerprint at the crime scene
- ☐ Police said they found my shoeprint at the crime scene
- ☐ Police said they found my hair at the crime scene
- ☐ Police said they found my semen (sperm) at the crime scene
- ☐ Police said they found my semen (sperm) on the victim
- ☐ Police said they found my saliva (spit) at the crime scene
- ☐ Police said they found my saliva (spit) on the victim
- ☐ Police said they found my blood at the crime scene
- ☐ Police said they found the victim's DNA on me or on my things
- ☐ Police said they found the victim's teeth marks on me
- ☐ Police said I had the victim's property or belongings

Use this space to tell us about any other evidence that the police recovered in the investigation of your case:

6. What kinds of testing did the police or crime lab do on the evidence collected in your case?

Trial

1. Did you have a trial? Yes ☐ No ☐

If not, why not? _____

2. List each charge for which you went to trial:

A. _____ Convicted? Yes ☐ No ☐

B. _____ Convicted? Yes ☐ No ☐

C. _____ Convicted? Yes ☐ No ☐

D. _____ Convicted? Yes ☐ No ☐

3. What was your defense at trial? _____

4. Did you testify at trial? Yes ☐ No ☐

Appeals

1. Did you appeal your conviction? Yes ☐ No ☐

If not, why not? _____

2. Appeal Case File Number: _____

3. Your appeal attorney (Name, Address, Telephone): _____

4. Date direct appeal decided: _____

5. Have you filed any post-conviction petitions? Yes ☐ No ☐

If "Yes," please describe what you filed, when you filed it, what court you filed it in, and what the court decided:

6. Did you have any other attorney(s) for your post-conviction proceedings?

Yes ☐ No ☐

If "Yes," provide Name, Address, Telephone: _____

Your Claim to Actual Innocence

1. Please tell us why you are innocent of the crime or crimes: _____

2. Where were you at the time the crime or crimes happened?

3. Who, or what, could prove where you were at the time of the crime? _____

4. Is there any **new** evidence that helps to show that you are innocent?. Please write as many details as you know. (*Note: Evidence that was already used at your trial **is not** new evidence.*)

5. Who has information that would show that you are innocent?

(Tell us what each person knows. If the person did not testify at your trial please explain why. Repeat question 5 for each person. If you run out of space, use additional sheets of paper.) **By writing these names, you are giving us permission to talk to them about your case.**

Name: _____

Address: _____

What he/she knows: _____

Did this person testify at trial? Yes ☐ No ☐

If "No," please explain why: _____

Name: _____

Address: _____

What he/she knows: _____

Did this person testify at trial? Yes ☐ No ☐

If "No," please explain why: _____

6. Would you agree to have a DNA test that could confirm your guilt or innocence?
Yes ☐ No ☐

7. Please give names, addresses, and telephone numbers of family and friends who know things about your case (if you run out of space, use additional sheets of paper):

8. Are there any police, investigators, or lawyers who might know things that would be helpful to your case:

9. What other information would be helpful for us to know about your case?

**FOR US TO SCREEN YOUR CASE, YOU WILL NEED TO READ AND SIGN THE
FORM ON THE NEXT PAGE AND MAIL IT BACK TO US WITH THE REST OF
THE FORM YOU JUST FILLED OUT.**

**GREAT NORTH INNOCENCE PROJECT
Release and Authorization**

By signing below, I give my consent for the Great North Innocence Project (GN-IP) and any employees or volunteers working for or with GN-IP to investigate my case. I understand that GN-IP operates the Innocence Clinics at local law schools. I understand that law students,

supervised by an attorney, will probably do much of the work on my case. I approve of law students doing this work, which may include investigation, research, document review, writing legal papers, and anything else the supervising attorney feels is good for a law student to do for my case. I also understand and agree that GN-IP and its employees or volunteers may write letters, send messages, make telephone calls to, and/or have meetings with, my former attorneys, prosecutors, witnesses, my family members, or other innocence organizations.

I understand that any information about my case, including physical and mental health records, may be shared with GN-IP attorneys, pro bono attorneys, or other people working on behalf of GN-IP. The people that this information may be shared with includes, but is not limited to, other attorneys, legal professionals, private investigators, experts, scientists, paralegals, students, volunteers, journalists, and board members of The Innocence Project and other members of the Innocence Network. This may be done while working on my case, for educational purposes, for fund raising purposes, for appropriate media coverage, or any other reason GN-IP decides is appropriate. However, as a prospective client of GN-IP, I do have the right to attorney/client privilege. If I do not want non-privileged information about my case shared with others, I understand that I must put that specific request in writing and attach that specific request to the back of this page. If I had any questions about this policy, I have had the opportunity to contact GN-IP for an explanation about any risks and discuss this matter with an attorney there.

I understand that by doing an initial investigation, GN-IP is not providing legal representation to me. I further understand that at any point, GN-IP, at its sole discretion, may decide that further investigation is not warranted, and is under no obligation to continue to help me. At this time, I understand that I am a prospective client and so the things I tell GN-IP are privileged and GN-IP cannot share information I tell them with others except under very rare circumstances. I understand GN-IP will not decide whether they will represent me until they have carefully investigated my case. I also understand that there are important deadlines in my case that may pass while GN-IP is considering my case but has not agreed to represent me. GN-IP is not responsible for meeting those deadlines on my behalf because they do not represent me.

I consent to the release of any and all information to staff and agents of GN-IP about my case. This includes, but is not limited to: my client files from my prior attorneys and/or copies as maintained by my prior attorneys, medical and mental health records, court transcripts, police reports, witness statements, post-convictions pleadings, and correctional records, including pre-sentencing reports and other documents in prison social services and legal files. I specifically waive the attorney client privilege with my prior attorneys to allow them to discuss my case and share all documents in their possession with GN-IP. I understand that I may revoke this authorization at any time; it is effective for 10 years or until I revoke it in writing.

Signature: _____ Date: _____

Printed Name: OID#: