



INSTRUCTIONS

The Innocence Center, Inc. provides free legal assistance to applicants who are innocent of the crime(s) for which they were convicted. In order to be considered for assistance, you must meet the following criteria:

- ✓ **Your trial and direct appeal are over and final.** If you have not yet been convicted and lost your direct appeal, we cannot help you.
- ✓ **You are innocent of the crimes for which you are convicted.** We do not review claims where someone was wrongfully suspected, arrested, or charged, but not actually convicted.
- ✓ **New, strong evidence of innocence currently exists or is discoverable.** This is evidence that was not raised at your trial or in any post-conviction filing.

Send your completed Application, signed and dated Authorization, and supporting documents to:

The Innocence Center, Inc.
6549 Mission Gorge Road, #379
San Diego, CA 92120

Please note, **WE DO NOT ACCEPT APPLICATION DOCUMENTS IN PERSON.** We only accept applications through the mail.

The Innocence Center, Inc. will use this Application and supporting documents to decide whether to investigate your case, and whether to provide assistance to you, so please answer all questions truthfully, completely, and to the best of your ability.

If your application is incomplete or you fail to date and/or sign the Authorization form, our office will send you another Application and Authorization form and will not begin review of your case until we receive the completed documents back.

We will notify you after your case has been reviewed. This may take quite some time and you may not hear from us for many months, due to the high volume of cases we are reviewing.

During the review process, you may need to pursue remedies on your own in order to meet filing deadlines. Unfortunately, we cannot provide legal advice or assistance until we agree to represent you in a post-conviction filing. You must proceed on your own. Thank you for your patience.

NOTE:

Anti-discrimination Policy – the Innocence Center, Inc. does not discriminate in the delivery of services or benefits based on all current protected California classes.



APPLICATION

**Please fill out this application truthfully, and to the best of your ability.
If you do not know the answer to a question, write "I do not know" in the space.
If a question is not applicable to you, write "N/A" in the space.
Use additional pages if you do not have sufficient space to answer.**

I. PERSONAL INFORMATION

Name (first, middle, last): _____

Alias (other names, monikers): _____

CDCR#/Booking#: _____

Date of Birth: _____

Current Prison/Jail/Brig: _____

Mailing Address: _____

Current Cell Location: _____

Race/Ethnicity: _____

Primary Language: _____

Highest Level of Education: _____

Military Service (if any): _____

Disabilities (if any): _____

II.
ATTORNEY INFORMATION

Trial Attorney: _____

Address: _____

Phone: _____

Case Number: _____

Appellate Attorney (if any): _____

Address: _____

Phone: _____

Case Number(s): _____

**Court of Appeal & California Supreme Court*

Date Decided: _____

Current/Other Attorney (if any): _____

Address: _____

Phone: _____

Describe the proceeding(s) and provide any case number(s), and date(s) decided in which you were/are currently represented:

IV.
BASIC CASE INFORMATION

Please provide the names and contact information of any family member(s) or friend(s) who may have helpful information or documents in your case:

Name: _____

Relation: _____

Address: _____

Phone: _____

Name: _____

Relation: _____

Address: _____

Phone: _____

If a family member or friend is filling out this application, please provide your contact information. *Please note that the applicant or legal guardian for the applicant must personally sign the authorization form.*

Name: _____

Relation: _____

Address: _____

Phone: _____

Age at the Time of Crime(s): _____

Date of Crime(s): _____

Location of Crime(s): _____

Date of Arrest: _____

Location of Arrest: _____

Booking Number: _____

Trial Judge Name: _____

Type of Trial: Jury Bench Plea Deal (no trial)

Multiple Trials: Yes No

Prosecutor's Name: _____

Briefly describe what the prosecutor claimed you did:

Victim(s) Names: _____

Crime(s) Convicted of: _____

County of Conviction: _____

Date of Sentencing: _____

Sentence: _____

Parole Eligibility Date (if any): _____

Prior Parole Hearings (if any): _____

Are you serving time on any other conviction? Yes No

If yes, please explain:

Do you have prior adjudications/convictions? Yes No

If yes, please list them, including the year you incurred them:

**V.
CASE EVIDENCE &
INNOCENCE CLAIM**

Are you *actually innocent* of everything for which you were convicted?

Yes No

If your answer is "No," which convictions are you innocent of?

Please explain why you are innocent:

Please explain why you believe you were wrongfully convicted:

Do you know how you became a suspect? Yes No

If yes, please explain:

Were there any other suspects that were not arrested or charged? Yes No

If yes, please explain:

Did you give a statement to police? Yes No

If yes, was it recorded? Yes No

If you gave a statement, what did you say?

Did any experts testify at your trial about the following topics (please circle):

<i>Eyewitness</i>	<i>Tool Marks</i>	<i>Abusive Head</i>	<i>Fiber</i>
<i>Identifications</i>		<i>Trauma</i>	<i>Comparison</i>
<i>False Confessions</i>	<i>Tire Tracks</i>		
	<i>DNA</i>	<i>Ballistics</i>	<i>Gang Evidence</i>
<i>Bite Marks</i>		<i>Toxicology</i>	<i>Blood Spatter</i>
<i>Hair Comparison</i>	<i>Psychological</i>		
	<i>Evaluations</i>	<i>Shoe Prints</i>	<i>Testimony of</i>
<i>Fingerprints</i>			<i>Children</i>
	<i>Shaken Baby</i>	<i>GPS/Cell Phone</i>	
<i>Arson/Explosives</i>	<i>Syndrome</i>	<i>Tower Data</i>	<i>Scent Detection</i>
			<i>Dogs</i>

If you circled any issue(s) above, briefly describe how the evidence was used at your trial:

Was any physical or biological evidence collected from the scene? Yes No

If yes, please list any items collected (Examples: blood, semen, fingerprints, clothing, hair, rape kit, weapons):

Did you know the victim(s)/eyewitness(es)? Yes No

If yes, please explain how:

Did the victim(s)/eyewitness(es) identify you as the perpetrator? Yes No

If yes, when and how? (Examples: scene of the crime, live lineup, six-pack, in court):

Did anyone else claim you committed the crime? Yes No

If yes, who, why, and how?

Do any witnesses who testified against you have reasons to lie? Yes No

If yes, please explain:

Do you have reason to believe any of the witnesses against you wish to change their statement(s)?

Yes No

If yes, please explain:

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

If yes, please explain:

If no, please explain where you were, what you were doing, and who you were with when the crime occurred:

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

Did you testify on your own behalf at trial? Yes No

If not, why didn't you testify?

If you had an alibi, did your alibi witness(es) testify at your trial? Yes No

If no, please explain why they did not testify, if you know:

Also, if no, please also provide their names and contact information:

Name:

Relation:

Address:

Phone:

Name: _____

Relation: _____

Address: _____

Phone: _____

What other witnesses testified for the defense and what did they say?

Who committed this crime (if you know or suspect someone) and why?

What evidence exists or can be discovered that will prove your innocence (circle only ones that you believe apply to your case):

DNA will prove my innocence

Someone else has admitted to committing the crime

A jailhouse informant lied about statements I made

Witnesses favorable to me did not testify at trial

An alibi witness will prove my innocence

An eyewitness or victim mistakenly identified me as the perpetrator

An eyewitness or victim lied about my involvement

An eyewitness or victim has recanted

I gave a false confession

I had a bad lawyer

New science supports my innocence claim

Other: _____

Have you applied to The Innocence Center, Inc. before? Yes No

Have you applied to another innocence organization? Yes No

If yes, which innocence organization(s) have you applied to and what is the status of your case at those organizations?

Have you applied to a prosecutor's conviction integrity/review unit? Yes No

If yes, which prosecutor's office and what is the status of your case?

<p style="text-align: center;">VI. CODEFENDANTS</p>

Were others arrested/charged/convicted in connection with this crime? Yes No
**If "No," skip this section.*

If yes, please provide their names:

1. Name/CDCR #: _____

Same Trial Separate Trial Took a Plea Deal Charges Dismissed

2. Name/CDCR #: _____

Same Trial Separate Trial Took a Plea Deal Charges Dismissed

3. Name/CDCR #: _____

Same Trial Separate Trial Took a Plea Deal Charges Dismissed

Did any codefendant(s) make a statement to police?

If yes, what did they say?

Did any codefendant(s) testify against you?

Yes No

If yes, why did they testify against you and what did they say?

Did you know your codefendant(s) prior to the crime?

Yes No

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

Have you been in contact with your codefendant(s) since your trial? Yes No

If yes, please explain how often you are in contact and why:

VII.
DESCRIPTIVE INFORMATION

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

Height: _____

Weight: _____

Skin Color: _____

Hair Length/Style: _____

Facial Hair: _____

Scars/Tattoos: _____

VIII.
ADDITIONAL INFORMATION

Is there anything else you think we should know about your case?

XIV.
DOCUMENTS

Please indicate which documents you have in your possession and send copies of the documents to us with your completed Application and Authorization form. Please do not send us the transcripts from your trial unless we request them.

1. Trial Documents

- Probation Officer's Report
- Abstract of Judgment
- Police reports
- Evidence, DNA, or laboratory reports

2. Appellate Documents

- Appellant's Opening Brief
- Respondent's Brief
- Appellant's Reply Brief
- Court of Appeal Opinion

3. Post-Conviction Documents

- Witness statements/declarations/affidavits
- Expert statements/declarations/affidavits
- Evidence, DNA, or laboratory reports

Would you like your documents returned to you in prison? Yes No

If no, please provide the contact information for the person to whom we should send your documents:

Name: _____

Relation: _____

Address: _____

Phone: _____

AUTHORIZATION

A. Communication in General

This document, or photocopy thereof, expressly authorizes The Innocence Center, Inc., which includes any attorney, law student, intern, investigator, expert, staff member or anyone else working for or with the The Innocence Center, Inc. to communicate with anyone who has information about me, my case, or my incarceration. This includes all of my previous and current attorney(s), any correctional institution where I am housed or used to be housed, the California Department of Corrections & Rehabilitation, any probation and parole offices, law enforcement or governmental agencies, prosecutors, prosecutor conviction integrity or review units, courts and court staff, witnesses, other innocence organizations, the media, and any other person, entity, or organization that The Innocence Center, Inc. believes is pertinent to the review, investigation, or evaluation of my case or is in the interests of me personally or the wrongly convicted.

B. Release and Copy of Documents or Other Materials

This document, or photocopy thereof, expressly authorizes and directs anyone or any agency in possession of materials pertaining to me, my case, or my incarceration (including disciplinary proceedings), to release them to The Innocence Center, Inc. for examination and copying. This includes, but is not limited to any documents, photographs, audio, video, and digital files.

C. Communication with Prior Attorneys

This document, or photocopy thereof, expressly authorizes and directs my previous and/or current attorney(s) to release all of my files and discuss my privileged communications with The Innocence Center, Inc.

D. Waiver of Confidentiality

I fully understand that there may be statutes, rules, and regulations that protect the confidentiality of some of the information covered by this authorization; it is my specific intent to waive the protection of the attorney-client privilege and all such statutes, rules, and regulations to the extent necessary to share the above information with The Innocence Center, Inc.

E. Representation

I understand that The Innocence Center, Inc. is not agreeing to represent me in any current or future legal proceedings at this time. If The Innocence Center, Inc. decides to represent me in the future, I will be asked to sign a separate pro bono retainer agreement detailing the scope of representation.

In addition, I consent to have a law student work on my case who is certified by the State Bar of California in accordance with the provisions of California Rules of Court, rule 9.42.

F. Expiration of Authorization

I understand that review and evaluation of my case may take months to years. This Authorization remains in effect from the date below until expressly revoked by me in writing. By my signature below, I represent that this waiver is voluntary and given without any reservation.

DATED: _____

(signature)

(printed name)