

Name \_\_\_\_\_ Prison # \_\_\_\_\_ Release Date \_\_\_\_\_ / LIFE

## Information About Your Case and the Crime

In order to make a decision about whether we will be able to assist you, it is important that we know as much as possible about your case and the crime that resulted in your conviction. Please complete this questionnaire (and any additional forms included) and return them to us as quickly as possible. Answer every question as fully as possible; you may use additional sheets of paper if you need more space. Where necessary, use D/K for Don't Know or N/A for Not Applicable to your case. Please send us as many as possible of the documents requested on the last page of this questionnaire. Mail everything to the above address.

### GENERAL INFORMATION

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

Any Aliases: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

What is your first language? \_\_\_\_\_

Race or ethnicity: \_\_\_\_\_

Highest grade completed in school: \_\_\_\_\_

Please list all prior felony convictions:

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**THE CRIME**

In the space provided below, please describe the crime(s) that you were alleged to have committed. By now, whether or not you were in any way involved, you know a great deal about the case. So please give us a description of what happened, when it happened, where it happened and all persons involved. Use additional sheets if necessary.

**1. Please state the crime(s) for which you are claiming innocence & the date and time of day it occurred. Please include the victim's name and age at the time the crime(s) occurred.**

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**2. Where did the crime take place? (City, address, or location.) Describe the scene as best you can. Note any unusual weather conditions.**

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**3. List all persons involved. (Include full names, ages, and addresses, as well as his or her role. Include co-defendants, all others who were involved in the crime and alternative suspects.)**

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**ATTORNEY AND COURT INFORMATION**

***Arrest and Trial***

1. Date and place of your arrest: \_\_\_\_\_

2. County of arrest: \_\_\_\_\_

3. Investigating police or sheriff's department and detective(s) (*Name, Department, Address*):  
\_\_\_\_\_  
\_\_\_\_\_

4. Were you convicted: (*please check one*)

At Trial  By Plea Agreement

5. If by plea agreement was it: (*please check one*)

Guilty Plea  Alford Plea  No Contest Plea

6. Please list the County and Court Case Numbers: \_\_\_\_\_

7. Name of trial judge: \_\_\_\_\_

8. Who was your Trial Attorney? (*Name, Address, Telephone*)

If you had different trial and pre-trial attorneys, please list both.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a. Was your trial attorney: (*please check one*)

hired by you  a public defender  appointed by the court

b. When was the first time you spoke to your trial attorney?

\_\_\_\_\_  
\_\_\_\_\_

9. Prosecuting Attorney: (*Name, Address, Telephone*)

\_\_\_\_\_  
\_\_\_\_\_

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**10. List the name(s) of any co-defendant(s) in your case and tell us whether their charges were dropped, they were acquitted, they were convicted, or they pled guilty:**

*(please check one box for each co-defendant)*

Co-Defendant #1:

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

Charges Dropped    Acquitted at Trial    Convicted at Trial    Pled Guilty

Co-Defendant #2:

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

Charges Dropped    Acquitted at Trial    Convicted at Trial    Pled Guilty

Co-Defendant #3:

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

Charges Dropped    Acquitted at Trial    Convicted at Trial    Pled Guilty

Co-Defendant #4:

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

Charges Dropped    Acquitted at Trial    Convicted at Trial    Pled Guilty

Co-Defendant #5:

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

Charges Dropped    Acquitted at Trial    Convicted at Trial    Pled Guilty

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***Appeals***

11. Has there been a direct appeal?  Yes  No

12. If Yes:

Date appeal filed: \_\_\_\_\_ Date appeal decided: \_\_\_\_\_ **OR** Not Yet Decided \_\_\_\_\_

What issues were raised in your direct appeal? \_\_\_\_\_

\_\_\_\_\_

If No:

Were you advised of your right to an appeal? \_\_\_\_\_

Did you refuse your right to an appeal at the time of your conviction? \_\_\_\_\_

13. Since your trial or appeal, have you or anyone on your behalf filed any other post-conviction motions? (These may include but are not limited to Motions for Appropriate Relief or Federal Habeas Petitions)  Yes  No

If yes, please indicate in what court (including federal or state) the Motion was filed, if there was a hearing, the decision and the date decided.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, what issues were raised in your post-conviction motions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Who was your Appellate Attorney? (*Name, Address, Telephone*)

\_\_\_\_\_

\_\_\_\_\_

a. Was your appellate attorney: (*please check one*)  hired by you  appointed by the court?

15. Appellate Lawyer for the State: (*Name, Address, Telephone*)

\_\_\_\_\_

\_\_\_\_\_

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### ABOUT YOUR CASE

16. List each of the crimes of which you were convicted and for each, the sentence imposed. Please describe the defense raised at trial for each crime: *(For example, that you were wrongfully identified as the assailant by an eyewitness.)*

Crime:
Sentence:
Time Remaining:
Defense:
Crime:
Sentence:
Time Remaining:
Defense:

- a. How much total consecutive time was imposed? \_\_\_\_\_
- b. How much total consecutive time remains? \_\_\_\_\_

17. Did the police or investigating detective ever interview you?  Yes  No  
If Yes,

- a. How many times were you interviewed? \_\_\_\_\_
- b. Where and how long were the interviews?  
\_\_\_\_\_
- c. Did you ask to speak with a lawyer during the interview?  Yes  No
- d. Did you sign papers during the police interview?  Yes  No  
If Yes, what did you sign?  
\_\_\_\_\_
- e. Did you sign papers after the interview?  Yes  No  
If Yes, what did you sign?  
\_\_\_\_\_

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20. Do you offer an alibi to prove you could not have committed the crime?  Yes  No

If Yes,

a. **What is it?** *(please provide names, addresses, and telephone numbers for alibi witnesses if possible)*

\_\_\_\_\_

b. Do you have some way to prove the alibi?  Yes  No

\_\_\_\_\_

c. Was it offered at trial?  Yes  No

If No, why not?

\_\_\_\_\_

21. List the evidence or testimony **brought out at trial** that you believe supports your claim that you are innocent.

If any of this evidence or testimony was incomplete, indicate the additional information you believe might be obtained and why it was not presented at trial.

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**23. Identify all persons who have specific knowledge that supports your claim of innocence. Indicate what each knows. If the person was not called to testify at trial, indicate why.**

Person's Name:

\_\_\_\_\_

What does s/he know:

\_\_\_\_\_

\_\_\_\_\_

Did the person testify at trial? \_\_\_\_\_ If not, please explain why \_\_\_\_\_

Person's Name:

\_\_\_\_\_

Address, if you know it:

\_\_\_\_\_

What does s/he know:

\_\_\_\_\_

\_\_\_\_\_

Did the person testify at trial? \_\_\_\_\_ If not, please explain why: \_\_\_\_\_

Person's Name:

\_\_\_\_\_

Address, if you know it:

\_\_\_\_\_

What does s/he know:

\_\_\_\_\_

\_\_\_\_\_

Did the person testify at trial? \_\_\_\_\_ If not, please explain why: \_\_\_\_\_

Person's Name:

\_\_\_\_\_

Address, if you know it:

\_\_\_\_\_

What does s/he know:

\_\_\_\_\_

\_\_\_\_\_

Did the person testify at trial? \_\_\_\_\_ If not, please explain why: \_\_\_\_\_

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**PHYSICAL EVIDENCE**

24. Were any fingerprints discovered during the investigation of your case?  Yes  No

If Yes, please explain.

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25. Were any bodily fluids or hair samples (e.g., vaginal swabs, anal swabs, blood, or saliva) obtained from the victim?  Yes  No

If Yes, what samples were obtained?

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26. Were any bodily fluids or hair samples obtained from you?  Yes  No

If Yes, what samples were obtained?

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27. Were bodily fluids or hair found at the crime scene?  Yes  No

If Yes, what was found?

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28. Were any bodily fluids found on the victim's clothing?  Yes  No

If Yes, what was found?

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29. Was any testing done on the bodily fluids or hair samples?  Yes  No

If Yes,

a. What type of testing was done?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Who arranged for the testing?  Prosecution  Defense  Other \_\_\_\_\_

c. Who conducted the test? *Please provide the name, address and telephone number if you have it.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Was a second test done?  Yes  No

If Yes,

i. What type of testing was done?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ii. Who arranged for the testing?  Prosecution  Defense  Other \_\_\_\_\_

iii. Who conducted the test? *Please provide the name, address and telephone number if you have it.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. Was testing done on all of the physical/biological evidence recovered during the investigation of your case?  Yes  No

If No, what was not tested?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**31. What test results were used at your trial?**

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**What did those test results show?**

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**32. Were any of the test results not used at trial?  Yes  No**  
**If Yes, what did those test results show?**

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**33. List any item or items of evidence you believe should have been submitted to DNA or other testing and indicate how you believe that test will show that you are innocent:**

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**Why was this item not tested or not used at trial?**

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**34. Are you willing to have your DNA run against the DNA databank, state and federal?**

Yes  No

**If No, why not?** \_\_\_\_\_

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**WITNESS/TESTIMONY INFORMATION**

35. Did you testify at trial?  Yes  No

If "No," why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. Did the victim(s) identify you?  Yes  No

If yes,  Lineup  Photo Array  Other (please specify) \_\_\_\_\_

37. Why do you think the victim made a complaint against you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

38. Did the victim(s) testify at trial?  Yes  No

If Yes, please indicate who testified.

Please provide the person's address, if you have it.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

39. List any other witnesses who identified you.

Please provide the name, address, and telephone number if you have them. Please indicate the form of identification -- whether they identified you in a lineup, photo array, or otherwise. Also indicate whether the witness testified and whether they testified for the prosecution or the defense.

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

Address and telephone: \_\_\_\_\_

Form: (lineup, photo array/lineup, other) \_\_\_\_\_

Did the witness testify?  Yes  No If "Yes," for whom? \_\_\_\_\_

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

Address and telephone: \_\_\_\_\_

Form: (lineup, photo array/lineup, other) \_\_\_\_\_

Did the witness testify?  Yes  No If "Yes," for whom? \_\_\_\_\_

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

Address and telephone: \_\_\_\_\_

Form: (lineup, photo array/lineup, other) \_\_\_\_\_

Did the witness testify?  Yes  No If "Yes," for whom? \_\_\_\_\_

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Name: \_\_\_\_\_  
Address and telephone: \_\_\_\_\_  
Form: (lineup, photo array/lineup, other) \_\_\_\_\_  
Did the witness testify?  Yes  No If "Yes," for whom? \_\_\_\_\_

Name: \_\_\_\_\_  
Address and telephone: \_\_\_\_\_  
Form: (lineup, photo array/lineup, other) \_\_\_\_\_  
Did the witness testify?  Yes  No If "Yes," for whom? \_\_\_\_\_

Name: \_\_\_\_\_  
Address and telephone: \_\_\_\_\_  
Form: (lineup, photo array/lineup, other) \_\_\_\_\_  
Did the witness testify?  Yes  No If "Yes," for whom? \_\_\_\_\_

**40. List any experts who testified at your trial and the nature of their testimony.**  
*(For example, doctor, handwriting expert, scientist.)*

**EXPERT'S NAME:** \_\_\_\_\_  
Address and telephone: \_\_\_\_\_  
\_\_\_\_\_  
Nature of testimony \_\_\_\_\_  
For whom did the witness testify?  Prosecution  Defense

Expert's Name: \_\_\_\_\_  
Address and telephone: \_\_\_\_\_  
\_\_\_\_\_  
Nature of testimony: \_\_\_\_\_  
For whom did the witness testify?  Prosecution  Defense

Expert's Name: \_\_\_\_\_  
Address and telephone: \_\_\_\_\_  
\_\_\_\_\_  
Nature of testimony: \_\_\_\_\_  
For whom did the witness testify?  Prosecution  Defense

Expert's Name: \_\_\_\_\_  
Address and telephone: \_\_\_\_\_  
\_\_\_\_\_  
Nature of testimony: \_\_\_\_\_  
For whom did the witness testify?  Prosecution  Defense

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**41. List any other persons who testified at your trial and the nature of their testimony.**

Other Witness' Name: \_\_\_\_\_  
Address and telephone: \_\_\_\_\_  
\_\_\_\_\_  
Nature of the testimony: \_\_\_\_\_  
\_\_\_\_\_  
For whom did the witness testify?  Prosecution  Defense

Other Witness' Name: \_\_\_\_\_  
Address and telephone: \_\_\_\_\_  
\_\_\_\_\_  
Nature of the testimony: \_\_\_\_\_  
\_\_\_\_\_  
For whom did the witness testify?  Prosecution  Defense

Other Witness' Name: \_\_\_\_\_  
Address and telephone: \_\_\_\_\_  
\_\_\_\_\_  
Nature of the testimony: \_\_\_\_\_  
\_\_\_\_\_  
For whom did the witness testify?  Prosecution  Defense

Other Witness' Name: \_\_\_\_\_  
Address and telephone: \_\_\_\_\_  
\_\_\_\_\_  
Nature of the testimony: \_\_\_\_\_  
\_\_\_\_\_  
For whom did the witness testify?  Prosecution  Defense

Other Witness' Name: \_\_\_\_\_  
Address and telephone: \_\_\_\_\_  
\_\_\_\_\_  
Nature of the testimony: \_\_\_\_\_  
\_\_\_\_\_  
For whom did the witness testify?  Prosecution  Defense

Other Witness' Name: \_\_\_\_\_  
Address and telephone: \_\_\_\_\_  
\_\_\_\_\_  
Nature of the testimony: \_\_\_\_\_  
\_\_\_\_\_  
For whom did the witness testify?  Prosecution  Defense

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**CASE MATERIALS**

Please indicate with a check mark below what documents and legal materials you have in your possession or you could get from a family member or friend. If you do not have a document, but know who does, please indicate their name and relationship to you in the space provided.

<u>Legal Documents:</u>	<u>You Have:</u>	<u>Family or Friend Has (Who)</u>
Direct Appeal		
Defense brief	_____	_____
State response	_____	_____
Appeals Court Decision	_____	_____
Post-conviction appeal (MAR)		
Defense brief	_____	_____
State brief	_____	_____
Superior Court decision	_____	_____
Federal Habeas petition:		
Defense	_____	_____
State response	_____	_____
Decision	_____	_____
<u>Police Reports:</u>		
Incident Report	_____	_____
Evidence Report	_____	_____
Investigation Report	_____	_____
Witness Interviews	_____	_____
Laboratory Reports	_____	_____
Other	_____	_____
<u>Defense Investigative Reports (Specify)</u>		
_____	_____	_____
_____	_____	_____
<u>Newspaper Clippings re crime/trial:</u>		
_____	_____	_____
<u>Transcripts:</u>		
Pre-Trial Hearing	_____	_____
Trial	_____	_____

Please list any other legal papers or documents that you have or could get:

\_\_\_\_\_

\_\_\_\_\_

Have you previously contacted NC Prisoner Legal Services about your case?  Yes  No

If yes, did you send PLS documents or case materials?  Yes  No

Are you currently represented by an attorney?  Yes  No

If yes, please provide us with your attorney's name and contact information:

\_\_\_\_\_

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