

Name _____ Prison # _____ Release Date _____ / LIFE

SUPPLEMENTARY QUESTIONS FOR CHILD ABUSE CASES

Please answer each question to the best of your ability. Mark D/K for “don’t know”; N/A for “not applicable” to your case.

1. How many children accused you of sexually abusing them? _____

a. For each child, list age at time of the alleged abuse, gender, and your relationship to each child (*father, family friend, mother, none, etc.*).

b. How old are the children now?

c. If you know the full names and contact information (including address and telephone number) for the children, please provide below.

2. Who did the children tell about the alleged abuse?

3. Was the child’s first complaint against you taped? Yes No.

If “Yes,”

a. Did you hear the tape? Yes No

b. Was the tape used at trial? Yes No

c. If the tape was not used at trial, why not?

d. If you know where the tape is now, please tell us where.

Name _____ Prison # _____ Release Date _____ / LIFE

4. Why do you think the child made a complaint against you?

Please answer separately for each child.

5. Was (were) part(s) of the child's stories impossible to believe? Yes No

Please answer separately for each child. If "Yes," please explain.

6. Which, if any, child welfare agencies were involved? Who were the social worker(s) for each agency?

7. Did your lawyer interview the child before your trial? Yes No

If yes, did your lawyer talk about the interviews with you? And what did your attorney tell you?

8. Did the victim testify against you? Yes No

If yes, what did the child say?

a. Did your attorney cross-examine the child? Yes No

Name _____ Prison # _____ Release Date _____ / LIFE

9. List the name, address and phone of any doctor who examined the child and who arranged for a doctor to see the child.

a. Who made the arrangements? Defense Prosecution Other

10. If there was a second examination, list the name, address, and phone number of the doctor who conducted the examination as well as who arranged to have the second exam done.

11. Were the medical reports used at trial? Yes No

a. If yes, who used the reports? Defense Prosecution Other

b. If no, why not?

12. Did the children have psychological exams? Yes No

a. Who arranged to have the exam done? Defense Prosecution Other

b. Please provide the name, address, phone number of person who did the exam.

13. Did either the prosecution or the defense use the children's psychological reports at trial? Yes No

a. If yes, who used the reports? Defense Prosecution Other

b. If no, why not?

Name _____ **Prison #** _____ **Release Date** _____ / **LIFE**

14. Were you given a psychological exam? Yes No

a. If so, who gave it to you?

15. Has the child accused other people of abuse? Yes No

If so, please list the names of the others accused by the child and any contact information you may have for them.
