

APPLICATION FOR ASSISTANCE
Wisconsin Innocence Project of Frank J. Remington Center
University of Wisconsin Law School
975 Bascom Mall
Madison, WI 53706

IMPORTANT! We can only help you if you have no connection to the crime for which you are in prison. We cannot help you if any one of the following are true:

- You are currently awaiting trial or are still pursuing your direct appeal.
- You are currently represented by an attorney.
- You are not claiming actual innocence (meaning that you were not involved in the crime in any way), to the case for which you seek assistance.
- You played a minor role in the crime.
- You feel you should have been convicted of a different crime.
- You acted in self-defense.
- You claim the defense of insanity or intoxication.
- You were convicted of sexual assault for an encounter that you say was consensual.

NOTE: If this form has been mailed to you by the Wisconsin Innocence Project, please return this form by the deadline specified on the enclosed cover letter. Please do not send transcripts or other documents until requested.

PART 1 BASIC INFORMATION ABOUT YOUR CONVICTION

Name _____ DOC # _____

Date of Birth _____

Race/Ethnicity (optional) Check all that apply:

- Black/African American White/Caucasian Asian Native American
 Latino/Hispanic Native Hawaiian or other Pacific Islander Other

How did you find out about us? _____

Current Prison _____

- (1) State of Conviction: _____
- (2) County of Conviction: _____
- (3) On approximately what date(s) did the alleged crime(s) occur? _____
- (4) What police or sheriff's department investigated these crimes? _____
- (5) If you were convicted of a sexual assault, how much time passed between the alleged assault and the date when the alleged victim first reported the crime to the police? _____

(6) Date of Conviction(s): _____

(7) Case #: _____

(8) Offense(s) for which you are incarcerated:	Sentence Length:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

(9) Which of the above listed charge(s) and conviction(s) are you innocent of?

(10) If you received more than one sentence, are they **Concurrent** or **Consecutive**?

(11) MR/ES or Expected Date of Release: _____

(12) Were you convicted as a PTAC (Party To A Crime)? No Yes

a. If YES please list your co-defendant below:

(13) What are the names of the alleged victims?

(14) Did you have a trial or did you plead?

Jury Trial

Guilty Plea

Bench Trial

Alford

No Contest

a. If you pled guilty or no-contest or Alford, why did you choose to accept the plea agreement?

b. If you pled guilty or no-contest or Alford to a reduced charge, what crime were you first charged with?

- (15) Are you currently challenging your conviction in court? No Yes
- a. If YES, what claims or issues have you raised, and in what court?
- (16) Does an attorney currently represent you for any reason? No Yes
- a. If YES, please give the name of your attorney and contact information, as well as what the attorney is representing you on.
- (17) In the past, have you requested assistance from another innocence clinic? No Yes
- a. If YES, please give the names of the clinics you contacted.
- (18) Do you have any of the following documents:
- Police Reports
- Lab Reports
- Trial Transcripts
- Guilty Plea Hearing Transcripts
- Appeal Briefs
- a. If not, who may have any of the documents listed below? Please include that person's contact information if you have it.

PART 2 WHAT REALLY HAPPENED

Use extra paper if necessary. Give as many details as possible.

- (1) Please describe your version of events that explains why you are innocent:

(2) Were you present at the scene of the crime when the crime occurred?
 No → If you were NOT at the scene, can you recall where you were and what you were doing when the crime occurred? Explain:

Yes → Explain:

(3) How did you become a suspect?

(4) Did you confess to the crime(s)? If so, explain why you confessed.

PART 3 TRIAL OR PLEA HEARING

Use extra paper if necessary. Give as many details as possible.

(1) What did the District Attorney say about where, when and how the crime committed?

(2) We understand you are claiming that you are innocent, but according to the District Attorney (prosecutor), exactly what was your role in the action?

- (3) List the names of the prosecution's key witnesses. Explain what each witness said.

If you went to trial please answer the following questions:

- (4) What explanation did YOUR ATTORNEY use at the trial?
- | | |
|--|--|
| <input type="checkbox"/> Alibi | <input type="checkbox"/> Consent |
| <input type="checkbox"/> Mistaken ID (eyewitness made a mistake) | <input type="checkbox"/> Lack of Physical Evidence |
| <input type="checkbox"/> False Confession | <input type="checkbox"/> Other |

If OTHER please explain:

- (5) Did you testify on your own behalf? No Yes
- (6) List the names and contact information of all witnesses who spoke on your behalf. Explain what each witness said.

PART 4 EVIDENCE

Give as many details as possible. Remember we can only help you if we can develop new evidence of your innocence that has not yet been presented to a court.

(1) Were any of the following pieces of evidence gathered from the **crime scene or the victim**? Check all that apply or all that you know of:

- | | | |
|---|---|--|
| <input type="checkbox"/> Hair | <input type="checkbox"/> Footprints | <input type="checkbox"/> Cigarette Butts |
| <input type="checkbox"/> Semen | <input type="checkbox"/> Gun | <input type="checkbox"/> Drinking Cups |
| <input type="checkbox"/> Blood | <input type="checkbox"/> Knife | <input type="checkbox"/> Carpets/Rugs |
| <input type="checkbox"/> Fingernail scrapings/clippings | <input type="checkbox"/> Other Weapons | <input type="checkbox"/> Auto or Auto Interior |
| <input type="checkbox"/> Fingerprints | <input type="checkbox"/> Broken Glass | <input type="checkbox"/> Rape Kit |
| <input type="checkbox"/> Victim's Clothing | <input type="checkbox"/> Saliva | <input type="checkbox"/> Other |
| <input type="checkbox"/> Perpetrator's Clothing | <input type="checkbox"/> Skin | |
| <input type="checkbox"/> Shoeprints | <input type="checkbox"/> Sheets or Bed Covers | |

If OTHER please explain:

(2) Was physical evidence collected from you? If so, where was that evidence collected from (your person, your clothing, your car or home, etc.)?

(3) Was any of the evidence tested? No Yes

a. If YES, please describe the type of test and the results of the testing:

(4) Are there any witnesses who did not make statements earlier, or who made statements against you, but would now support your claim of innocence? If so, explain what they would say now, and why they didn't say it earlier. Give names and contact information.

(5) Describe any other new evidence or documents that can prove your innocence, and explain why this evidence was not presented before.

(6) Please add any other explanations that you believe would be helpful. *Examples: what certain witnesses said, who you think really committed the crime, etc.*

Did you receive assistance completing this application? No Yes

If “Yes”, why did you receive assistance with this application and who assisted you? *Examples: “I cannot write,” “I have Parkinson’s,” “I do not speak English,” “I have a disability,” etc.*

IMPORTANT—READ AND SIGN ON LINES BELOW

I UNDERSTAND THE WISCONSIN INNOCENCE PROJECT IS NOT OBLIGATED TO REPRESENT ME

I understand that by conducting an initial investigation, including contacting the organizations, attorneys, or other witnesses as described below, and collecting relevant case documents, the Wisconsin Innocence Project does not represent me and is not agreeing to represent me. I understand that if the Wisconsin Innocence Project does agree to represent me I will be informed of the scope of the representation by the Wisconsin Innocence Project. I further understand that at any point the Wisconsin Innocence Project, at its sole discretion, may determine that further investigation is not warranted and is under no obligation to represent me.

⇒ **Signature** _____ **Date** _____

AUTHORIZATION TO CONTACT OTHER PROJECTS, ATTORNEYS, AND WITNESSES

By signing below, I authorize the Wisconsin Innocence Project to contact and obtain information from other innocence and wrongful conviction projects, clinics, units, divisions, or centers (“Projects”) to which I may have applied to help the Project assess my application for assistance. I also authorize the Wisconsin Innocence Project to contact witnesses or potential witnesses relevant to my case for purposes of assessing my application for assistance. I understand that the Wisconsin Innocence Project may share my name and case number with these Projects, attorneys, or witnesses, in the interest of assessing my application for assistance. By signing below, I authorize the Wisconsin Innocence Project to inquire about previous requests to other Projects, attorneys, or witnesses, to request documents and case materials from other Projects or attorneys, and discuss my case and claims with other Projects attorneys. By signing below, I also authorize other Projects or attorneys to release documents and information about my application, case(s) and claim(s) to the Wisconsin Innocence Project. In addition, I authorize the Wisconsin Innocence Project to discuss my case with a different Project or private attorney who may be interested in taking my case if the Wisconsin Innocence Project determines it cannot take my case.

⇒ **Signature** _____ **Date** _____

RELEASE OF CONFIDENTIAL INFORMATION

By signing below, I authorize the Wisconsin Innocence Project to assign one or more law students, working under the direct and immediate supervision of an attorney, to investigate my case. This includes, but is not limited to, authorizing correspondence and/or telephone calls to prior counsel, prosecutors, or witnesses. I authorize any and all entities and persons, including the consulate of my citizenship, my former attorney(s), investigator(s), and appellate programs who worked on my case, to release to the Wisconsin Innocence Project or to its staff or student representatives, any and all records, files, reports, and information of any kind related to me or to any criminal case involving me, including police reports, witness statements, post-conviction pleadings, and correctional records, presentencing reports and other documents in prison social services and legal files, legal papers, court documents, medical records, laboratory analyses, probation reports, attorneys files and records, and any other information necessary to the Project’s work on my behalf.

I understand there may be statutes, rules, regulations, and release-of-information forms specific to a particular institution that protect the confidentiality of health and non-health records, files, reports, and information covered by this release; it is my specific intent to waive the protection provided by all such statutes, rules, regulations, and institution-specific forms, including Wisconsin Department of Corrections forms DOC-1163 and DOC-1163A, so that confidential information can be shared with the Wisconsin Innocence Project. By my signature below, I represent that this waiver is voluntary and given without any reservation.

This authorization is effective until revoked by the undersigned in writing.

⇒ **Signature** _____ **Date** _____