

Institute for Actual Innocence

University of Richmond School of Law
5RG Way
Richmond, Virginia 23173

Client Questionnaire

Name _____

Prisoner # _____

16. Please explain why you are innocent.

IV. PROCEDURAL HISTORY

17. What kind of trial did you have or did you make a plea bargain?(Check One)

Jury Trial Bench Trial (judge only) Plea Bargain

If you accepted a plea, please tell us what charges this was for?

18. What was the date of your conviction?

Day _____ Month _____ Year _____

19. Have you appealed to the Virginia Court of Appeals? YES NO

Case Number: _____ Date filed: _____ Date Decided: _____

Result of Appeal (Check one): Denied Accepted Pending

20. Have you appealed this case to the Virginia Supreme Court? YES NO

Case Number: _____ Date filed: _____ Date Decided: _____

Result of Appeal (Check one): Denied Accepted Pending

21. Have you filled an appeal to a Federal Court? YES NO

Court _____ Case # _____ Date of Filing _____

Result of Appeal (Check one): Denied Accepted Pending

Court _____ Case # _____ Date of Filing _____

Result of Appeal (Check one): Denied Accepted Pending

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Please tell us your federal appellate attorney's name and contract information.

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

22. Have you previously filed for a Writ of Actual Innocence? YES NO

If so, please tell us the basis for the motion and explain the result of the action.

23. Were any of your attorneys appointed by the court? If so, please list which ones.

24. Are you currently being represented by an attorney? YES NO

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

25. Does your attorney know you have sought our help? YES NO

V. FACTS OF YOUR ARREST

26. What was the date and time of your arrest?

Day _____ Month _____ Year _____ Time: _____

27. Where were you arrested?

Address: _____

City: _____ State: _____ Zip Code: _____

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28. Please explain how and where you were arrested.

29. Who was your Investigating Detective?

Name: _____ Department: _____

Address: _____

City: _____ State: _____ Zip Code: _____

30. Did the police or Investigating Detective interview you before you were arrested?

YES NO

If YES, please indicate how many times and how long each interview lasted.

31. Did the police or Investigating Detective interview you after you were arrested?

YES NO

If YES, please indicate how many times and how long each interview lasted.

32. When was the first time you spoke to your lawyer?

33. Did you give a recorded statement?

YES NO

How was it recorded (Check all that apply)

Audio Video

Who did you give this statement to?

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34. Did you provide a written statement? YES NO

If YES, did you sign it? YES NO

35. If you gave a statement, please explain why and what you told the police?

36. Did any of the victims identify you? YES NO

If YES, please explain who identified you; how, when, and where.

VI. PLEA AGREEMENT

If you plead guilty to the crime or crimes with which you were charged, or plead guilty to a lesser charge, please answer the following questions. If you went to trial, please skip questions #37-45

37. Did anyone else identify you? YES NO

IF YES, please explain who identified you; how, when, and where.

38. Is your case one of mistaken identity? YES NO

If YES, please explain why.

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39. When did you accept a plea bargain?

40. Did your attorney advise you to take a Plea Bargain? YES NO

If YES, did your attorney tell you why you should accept the plea bargain?

If NO, why did you choose to accept the agreement?

41. Did you tell your attorney you were innocent? YES NO

42. If your first language is not English, was your plea agreement explained to you in your first language? YES NO

43. If your Plea was in writing, did you sign it? YES NO

IF YES, was your attorney present?

44. Did you understand what you were signing? YES NO

If NO, why did you sign it?

45. Did the Judge ask you if you understood the plea agreement? YES NO

If NO, did he tell you anything about your plea agreement?

Name _____

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VII. FACTS OF YOUR TRIAL

If you did not have a trial, please skip question # 46.

46. Were you told that you could take back your guilty plea? YES NO
If YES, what were you told?

47. Did you try to take back your plea? YES NO
If YES, tell us why.

48. What was the name of the Commonwealth's Attorney?

49. What was the name of the Trial Judge?

50. Did you testify on your own behalf at trial? YES NO
If NO, why not?

The following questions deal with people associated with your trial. If you have ANY information about a person's location, please write it down. If you do not know a specific address, tell us what you do know about where the person lives or stays.

51. Did any of the alleged victims testify at trial? YES NO
Please supply the following information for any victims of the crime who testified.

Name: _____ Where they live: _____

Way to contact them: _____

Name: _____ Where they live: _____

Way to contact them: _____

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Name: _____ Where they live: _____

Way to contact them: _____

Name: _____ Where they live: _____

Way to contact them: _____

52. Did any eyewitnesses testify on your behalf? YES NO

Please supply the following names for the eyewitnesses that testified.

Name: _____ Where they live: _____

Way to contact them: _____

Name: _____ Where they live: _____

Way to contact them: _____

Name: _____ Where they live: _____

Way to contact them: _____

Name: _____ Where they live: _____

Way to contact them: _____

53. Did any eyewitnesses testify on the Commonwealth's behalf? YES NO

Please supply the following names for these eyewitnesses.

Name: _____ Where they live: _____

Way to contact them: _____

Name: _____ Where they live: _____

Way to contact them: _____

Name: _____ Where they live: _____

Way to contact them: _____

Name: _____ Where they live: _____

Way to contact them: _____

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54. Please list any EXPERTS that testified on behalf of your Defense?

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about? _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about? _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about? _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about? _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about? _____

55. Please list any EXPERTS that testified for the Commonwealth at your trial.

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about? _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about? _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about? _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about? _____

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Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about?

56. Please list anyone else that testified at your trial

A. For the Defense:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about?

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about?

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about?

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about?

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about?

B. For the Commonwealth

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about?

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about?

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about?

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Name _____

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Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about?

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What did they testify about?

57. Please describe the makeup of your jury. Please note the major race and if they were mostly men or women.

58. How long did it take the jury to make a decision?

VIII. EVIDENCE

59. Was any evidence, physical or biological, recovered from the crime scene? YES NO

If YES, please check all that apply:

Hair Semen Blood Fingernail Scrapings Fingerprints Saliva Skin

Hat Gloves Shoes Mask Shoeprints Footprints Undergarments

Sheets/Bedcover Drinking Containers Cigarette butt Carpet/Rug

Chewing Gum Gun Knife Broken Glass

Other: _____

Police Case #: _____ (This will help us locate this evidence)

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60. Were any biological samples taken from the victim? YES NO
If YES, what samples were taken?

61. Were any body fluids found on the victim's clothes? YES NO
If YES, what was obtained?

62. Were any biological samples taken from you? YES NO
IF YES, what samples were taken?

63. Were any bodily fluids found on you? YES NO
If YES, what was obtained?

64. Was a rape kit obtained from the victim? YES NO
If YES, what samples were obtained (vaginal, anal, saliva, etc.)

65. Was testing performed on any of the biological evidence obtained for your trial?
YES NO
If YES, please explain what kind of testing was performed.(Ex. Blood group (A,B,O),
DNA, hair comparison, etc.)

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66. Do you have a report of the test results? YES NO

67. What did the tests show?

68. Who arranged the testing? Commonwealth Defense Other

69. Who or what laboratory performed the test?

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____

70. Was a second test performed on the materials? YES NO

If YES, please indicate what kind.

71. What did the results of the second test show?

72. If a second test was performed on the evidence, who arranged it?

Commonwealth Defense Other

73. Who or what Laboratory performed the second test?

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____

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74. Were any of the test results **NOT** used at trial? YES NO

If YES, please tell us why they were not used and what they showed.

75. Please list the evidence **used at trial** that you believe supports your claim of innocence.

76. List any other evidence or testimony that you believe will show your innocence. For each of these items, please tell us if it was used or not at trial.

77. Please tell us if you believe any of the witnesses of victims had any reason to lie about the crime?

78. Do you have an alibi that will prove that you could not have committed the crime?

79. Was this alibi raised at trial? YES NO

If NO, why not?

Name _____

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IX. POST CONVICTION EVIDENCE

80. Do you have or know of any **new evidence** that would prove your innocence?

YES NO

If NO new evidence has been discovered since your trial, skip to question #88

Biological Evidence

81. Do you know of any **NEW** biological evidence (Blood, body fluids, hair, etc.) that will prove your innocence? YES NO

If YES, please indicate what this evidence is.

82. Do you know of any biological evidence that your attorney had at the time of your trial **BUT WAS NOT TESTED OR EVALUATED**? YES NO

Is this evidence still available? YES NO

If YES, please indicate what this evidence is.

83. Where is the evidence located?

84. Who has this evidence?

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____

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Why did they change their story?

92. What other evidence exists, not mentioned above, do you believe would prove your innocence?

93. Do you know who committed the crime you were wrongly convicted of?

YES NO

If YES, who was this person?

Where are they today?

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____

X. PERSONAL INFORMATION

94. What was the highest level of education that you completed?

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95. Did you have a job at the time of your arrest? YES NO

If YES, please indicate where.

Title: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

96. Please provide family and friends, not listed before, that you believe have information about your arrest, trial or the crime that you were convicted of.

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Relationship: _____ May we contact them? YES NO

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Relationship: _____ May we contact them? YES NO

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Relationship: _____ May we contact them? YES NO

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Relationship: _____ May we contact them? YES NO

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Relationship: _____ May we contact them? YES NO

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Information Release and Waiver

By signing below, I authorize the Institute for Actual Innocence 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, and/or witnesses. I authorize any and all entities and persons, including my former attorney(s), investigator(s), and appellate programs who worked on my case, to release to the Institute for Actual Innocence 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, postconviction 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, and regulations that protect the confidentiality of some of the records, files, reports, and information covered by this release; it is my specific intent to waive the protection of all such statutes, rules, and regulations so that confidential information can be shared with the Institute for Actual Innocence.

I understand that by conducting an initial investigation, the Institute for Actual Innocence is not agreeing to represent me. I further understand that at any point the Institute for Actual Innocence, at its sole discretion, may determine that further investigation is not warranted, and is under no obligation to continue to represent me.

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 _____