

THE OHIO INNOCENCE PROJECT
at the
UNIVERSITY OF CINCINNATI
COLLEGE OF LAW

Ohio Innocence Project
College of Law
University of Cincinnati
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SCREENING QUESTIONNAIRE

Answer all applicable questions in the questionnaire and return it to the above address.
Do NOT send any material with this questionnaire.

The decision by the *Ohio Innocence Project* as to whether to accept your case will be based upon this questionnaire, so answer all questions to the best of your ability. You will be notified after the case has been reviewed and evaluated.

Name: _____

Inmate # _____

Mailing address: _____

1. Were you involved at all in the crime(s) that resulted in your incarceration?

No _____

Yes _____ If YES, please explain: _____

2. Are you claiming to be totally innocent of all the charges against you?

Yes _____

No _____ If **NO**, please explain: _____

I. ATTORNEY AND COURT INFORMATION

1. Date of Arrest:

2. Investigating Detective (Name and Address):

3. Charges Brought Against You:

4. Name(s) of Victim(s) (include addresses, if known):

5. Date and Place of Conviction (City and County):

6. What were you convicted of?

7. What was your sentence(s)?
8. Maximum Expiration Date: _____
Minimum Expiration Date: _____
Parole Eligibility Date: _____
Next Date to Meet Parole Board: _____
9. List Any Motions That Were Filed on Your Behalf:
10. Trial Attorney (Name, Address and Telephone Number)
(Include all attorneys):
11. Prosecuting Attorney (Name):
12. Judge (Name):
13. Appeal Filed? Yes _____ No _____

If **YES**, Court where appeal was filed:

14. Date appeal was decided:

15. List any Post-Conviction Motions filed:

16. Results of Post-Conviction Motions:

17. Appellate Attorney (Name, address, telephone number):

18. Post-Conviction Attorney (Name, address, telephone number):

19. List all prior convictions, arrests and incidents for which you were investigated prior to the offense for which you are currently in prison:

II. CASE MATERIALS

(Check those documents you can make available to us. Please do NOT send anything until it is specifically requested).

1. Hearing Transcript(s) _____
2. Trial Transcript(s) _____
3. Police Report(s) (please describe) _____
4. Laboratory Report(s) (please describe) _____

5. Appellate Briefs:
 Appellant _____
 Respondent _____

6. Post-Conviction:
 Motion(s) _____
 Response _____
 Orders _____

III. ABOUT YOU AND YOUR CASE

1. What is your first language?
2. Highest grade you completed in school:
3. List any schools you attended (include address, city and state):

4. Summarize any **new evidence** that exists in your case that would lead to proof of **innocence**.

"New evidence" can include, among other things, newly found evidence, a key witness who has recently recanted his/her testimony, or even evidence in existence at the time of your trial that now can be subjected to new scientific testing or analysis for results not available at your trial.

THIS IS THE MOST IMPORTANT QUESTION: PLEASE BE CLEAR AND SPECIFIC:

5. Why do you think the “victim(s)” made complaints against you?

6. Do you have an alibi that proves you could not have committed the crime? Yes _____ No _____

If **YES** , what is it?

How can the alibi be proven?

List any alibi witnesses (name, address, telephone):

7. Did the police or investigating detective interview you? Yes _____ No _____

If **YES**, please provide the following:

Interviewing officer (name, position, address):

Number of times interviewed:

Time of day of the interviews:

Were the interviews video or audio taped? Yes _____ No _____

If **YES**, do you have copies or a transcript? Yes _____ No _____

Did you ask to speak to a lawyer during the interview? Yes _____ No _____

If **YES**, did the interview stop? Yes _____ No _____

8. When was the first time you spoke with your lawyer?

9. Did you sign papers during the interview? Yes _____ No _____

If **YES**, what did you sign? Do you have a copy(s)?

10. Did you sign papers after the interview? Yes _____ No _____

If **YES**, what did you sign? Do you have a copy(s)?

11. Did you give a statement? Yes _____ No _____

If **YES**,

A. Who did you give the statement to (name and address)?

B. Was your lawyer present when you signed the statement?

Yes _____ No _____

C. Was the statement written?

Yes _____ No _____

D. Who wrote it?

E. Did you sign it? Yes _____ No _____

F. Why did you give a statement?

12. Did you give a confession? Yes _____ No _____

If **YES**,

G. Who did you give the confession to (name and address)?

H. Was your lawyer present when you signed the confession?

Yes _____ No _____

I. Was the confession written? Yes _____ No _____

J. Who wrote it?

K. Did you sign it? Yes _____ No _____

L. Why did you give a confession?

M. Are you now saying the confession was not true? Why?

IV. TRIAL

1. Did you testify? Yes _____ No _____

If **NO**, why didn't you testify?

2. Did the "**victims**" testify? Yes _____ No _____

3. Did any **experts** testify for the defense OR the prosecution? Yes _____ No _____

A. Expert(s) for the defense (Name, address, telephone); include area of expertise

B. Expert(s) for the prosecution (Name, address, telephone); include area of expertise

4. Trial witnesses:

A. List all defense witnesses (Name, address, telephone)

B. List all prosecution witnesses (Name, address, telephone)

5. Did the “victim” identify you? Yes _____ No _____

If **YES**, When and where did the identification take place?
(Example: at the scene of the crime; during a line-up; show-up; in court,
other)

When?

Where?

6. Did anyone else identify you? Yes _____ No _____

If **YES**,

Who?

When?

Where?

How?

7. If someone other than the victim identified you, did that person testify? Yes _____ No _____
(Name, address, telephone)

V. GUILTY PLEA

1. Did you plead guilty? Yes _____ No _____
If **NO**, go to next section (page 15)

2. Did your attorney talk to you about a plea agreement? Yes _____ No _____
If **YES**, what did your attorney say to you?

3. If English is not your first language, did an interpreter explain the plea agreement to you? Yes _____ No _____

4. Did you understand the charges that you were pleading to? Yes _____ No _____

What did the plea agreement mean to you? What did you think would happen?

5. Was the plea agreement in writing? Yes _____ No _____

6. If the plea was in writing, did you sign it? Yes _____ No _____

If **YES**, was your attorney with you when you signed the plea agreement? Yes _____ No _____

7. Did you understand what you were signing? Yes _____ No _____

What is your understanding of what you signed?

8. Do you have a copy of the plea agreement? Yes _____ No _____

9. When did you go to court and plead guilty?

10. Did the judge ask you if you understood the plea agreement? Yes _____ No _____

11. Was your attorney with you in court when you pled guilty? Yes _____ No _____

If **NO**, did you ask for your attorney? Yes _____ No _____

12. Did you enter an Alford Plea? Yes _____ No _____

13. Did you want to plead guilty or did you want to go to trial?

14. Why did you plead guilty?

15. Did you know you could withdraw your plea? Yes _____ No _____

If **YES**, did you try to withdraw your plea? Yes _____ No _____

If **YES**, what happened?

VI. PHYSICAL AND/OR BIOLOGICAL EVIDENCE

(Please answer as completely as possible)

1. Were any bodily fluids or hair samples obtained from the **victim**? (blood, saliva, vaginal or anal swabs)

Yes _____ No _____

If **YES**, what samples were obtained and who obtained the samples?

2. Were any bodily fluids or hair samples obtained from **you**?

Yes _____ No _____

If **YES**, what samples were obtained and who obtained the samples?

3. Were bodily fluids or hair found at the crime scene?

Yes _____ No _____

If **YES**, what was found?

4. Were bodily fluids or hair found on your clothing?

Yes _____ No _____

If **YES**, what was found?

5. Were any bodily fluids found on the victim's clothing?

Yes _____ No _____

If **YES**, what was found?

6. Was any testing done on any of the bodily fluids or hair samples? Yes _____ No _____

7. What kind of testing was done?

8. Who arranged to have the testing done? Prosecution _____ Defense _____

9. Who actually did the test? (Name, address, telephone)

10. Was a second test done? Yes _____ No _____

11. Who arranged to have the second test done? Prosecution _____ Defense _____

12. What type of testing was done?

13. Who actually did the test (Name, address, telephone)?

14. 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?

15. Were the results of the tests used at trial? Yes _____ No _____

If **NO**, why not?

16. Were the results of the tests used on appeal
or at post-conviction? Yes _____ No _____

17. List the item or items of evidence that you think can be subjected to a **DNA test**,
and how that test will show that you are innocent:

18. Is there any physical evidence that is still available? Yes _____ No _____

If **YES**:

A. What is it?

B. Where is it?

C. Who has it?

D. Was it used at trial? Yes _____ No _____

If **NO**, why wasn't it used at trial?

VI. CHILD SEXUAL ABUSE CASES

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

2. For each child, list the age at time of alleged abuse, gender, and your relationship to each child:

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

3. How old are the children now?

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

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

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

5. Were the children's first complaints against you taped? Yes _____ No _____

If **YES**:

A. Did you hear the tapes? Yes _____ No _____

B. Were the tapes used during your trial? Yes _____ No _____

If **NO**, why not?

C. Do you know where the tapes are now? Yes _____ No _____

If **YES**, where are they?

6. Why do you think the child(ren) made complaints against you?

7. Was any part of the child(ren)'s stories impossible to believe? Yes _____ No _____

If **YES**, please explain:

8. Was there an agency or a social worker involved with the child(ren)? Yes _____ No _____

If **YES**, what agency? What was the name of the social worker?

9. Did your lawyer interview the children either before your trial or before you pled guilty? Yes _____ No _____

If **YES**, did your lawyer talk with you about the interviews? Yes _____ No _____

What did he/she tell you?

10. Did any of the children testify against you? Yes _____ No _____

What did they say in their testimony?

- Did your attorney cross-examine them? Yes _____ No _____
11. Did a doctor examine the children?
(Name, address, telephone) Yes _____ No _____
12. Who arranged for a doctor to see
the children? Prosecution _____ Defense _____ Other _____
13. Did a different doctor do a second exam?
(Name, address, telephone) Yes _____ No _____
14. Who arranged the second exam? Prosecution _____ Defense _____ Other _____
15. Were the medical reports used at trial? Yes _____ No _____
If **YES**, who used the reports? Prosecution _____ Defense _____
16. Did the children have psychological exams?
(Name, address, telephone) Yes _____ No _____

- 17 Who arranged for the psychological exams? Prosecution____ Defense____ Other____
- 18 Were the psychological reports used at trial? Yes____ No____
Who used the reports at trial? Prosecution____ Defense____ Other____
19. Have the children accused other people of abusing them? Yes____ No____
20. Do you know the names of the others accused? (Name, address, telephone)
21. If others were accused of abuse by the children, were they convicted? Yes____ No____
22. Were you given a psychological exam? Yes____ No____
If **YES**, who gave it to you? (Name, address, telephone)
23. Were the results of your psychological exam used at trial? Yes____ No____
Who used the results? Prosecution____ Defense____