

PLEASE HAND PRINT OR TYPE IN THE SPACES PROVIDED

****Please use additional paper if necessary, and, if possible, make a copy for your records*

DATE: _____

NAME: _____

DOC IDENTIFICATION NUMBER:

ADDRESS: _____

TRIAL COURT (COUNTY):

TRIAL COURT CASE NO.:

APPELLATE COURT CASE NO.:

Please place an "X" next to each process you have completed:

- ☐ Trial
- ☐ Direct Appeal (Appeal After Plea or Conviction)
- ☐ 35(c) Post-Conviction
- ☐ Federal Habeas (28 U.S.C. § 2254)

3. Please fill in the (1) the year you were convicted, (2) the length of the sentence for each conviction, and (3) the time left on each sentence.

[illegible]

Additional Comments:

[illegible]

4. List the name, address, and phone number of every attorney who worked on your case (*please indicate the stage at which each attorney worked on your case*).

Name	Address	Phone Number	Stage of Case

5. Did you have a co-defendant(s)? _____
If yes, state his or her name(s), case number(s), and the defense(s) raised at trial.

6. State clearly and concisely the **basic** facts of your case (*please include: dates, names, places, etc*).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

7. Please explain why you believe you are innocent of the crime, or crimes, of which you were convicted.

[illegible]

8. State what physical or biological evidence you think can be tested, used, or examined that will show you are innocent (*For example: finger prints, blood, hair, saliva, vaginal swabs, anal*

[illegible]

[illegible][illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Give the name, address, email address, and/or telephone number of all alibi witnesses or other defense witnesses who testified at trial:

13. Give the name of all prosecution witnesses who testified at trial and a brief summary of their testimony:

Witness Name: _____

Summary of Testimony: _____

Witness Name: _____

Summary of Testimony: _____

Witness Name: _____

Summary of Testimony: _____

Witness Name: _____

Summary of Testimony: _____

14. List all prior convictions, including the date of conviction, court, sentence, amount of time served, and name of the prison where time was served.

Prior Conviction	Date Convicted	Sentence	Time Served	Prison Name

15. Provide the name, address, email address, and/or telephone number of a contact person outside the prison system that we can contact to discuss your case, and state their relation to you:

Name: _____

Email: _____

Address: _____

Phone Number: _____

Relation: _____

Name: _____

Email: _____

Address: _____

Phone Number: _____

Relation: _____

16. Although we are not agreeing at this time to represent you, please sign below authorizing the Korey Wise Innocence Project to fully investigate your case in accordance with the below terms:

I GRANT PERMISSION TO THE KOREY WISE INNOCENCE PROJECT TO DISCUSS MY CASE WITH ANY PEOPLE RELEVANT TO MY CASE, INCLUDING MY FORMER OR PRESENT ATTORNEYS, FAMILY MEMBERS, OR OTHER PERSONS WHO MIGHT HAVE RELEVANT INFORMATION, AND TO ACCESS ANY RELEVANT RECORDS.

FURTHERMORE, I GRANT PERMISSION TO ALL PERSONS, INCLUDING - ANY, AND ALL ATTORNEYS - WHO HAVE BEEN INVOLVED IN THE CASE, TO SPEAK WITH REPRESENTATIVES OF THE KOREY WISE INNOCENCE PROJECT, AND HEREBY WAIVE ANY PRIVILEGE THAT MIGHT OTHERWISE PROHIBIT THOSE PERSONS FROM SPEAKING ABOUT MY CASE WITH REPRESENTATIVES OF THE KOREY WISE INNOCENCE PROJECT.

FINALLY, I AUTHORIZE ALL PERSONS, INCLUDING ATTORNEYS – WHO HAVE BEEN INVOLVED IN THE CASE, TO ALLOW FOR THE REVIEW, COPYING, AND SCANNING OF ANY RELEVANT RECORDS AND/OR FILES.

Printed Name

Signature

Date

PLACE AN "X" NEXT TO THOSE DOCUMENTS YOU CAN MAKE AVAILABLE.

***Please do **NOT** send anything until we specifically request it.

_____ Hearing Transcript(s) *(Please describe the type of hearing(s) – for example: suppression of evidence, admissibility of scientific tests, etc.):*

_____ Trial Transcript(s)

_____ Police Report(s) *(Please describe):*

_____ Laboratory Report(s) *(Please describe):*

_____ Appellate Brief(s):

_____ Appellant *(Defense)*

_____ Respondent *(Prosecution)*

_____ Secondary Appellate Brief(s):

_____ Appellant *(Defense)*

_____ Respondent *(Prosecution)*

_____ Post-Conviction Brief(s):

_____ Appellant *(Defense)*

_____ Respondent *(Prosecution)*