

APPLICATION FOR ASSISTANCE

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

The questions below are designed to help us decide whether we can assist you in proving your innocence. We will not be able to assist you unless there is a reasonable possibility of locating new evidence that was either not available, or was overlooked by you or your attorney at the time of trial. We primarily takes cases from those convicted in Wisconsin, but under extraordinary circumstances, we consider cases from Minnesota, Iowa, Illinois, Indiana and Michigan. We are only able to consider cases from states outside this region when DNA evidence is available that can be used to prove innocence, or if there are similarly compelling circumstances AND if there is not an innocence project available to provide assistance in the inmate's stat.

Name _____ Institution Number _____ Date of Birth _____

State of Conviction _____ County of Conviction _____

Name of Prison _____ Address _____

Date sentenced _____ Length of sentence(s) _____ Expected release date _____

Offense(s) for which you are incarcerated _____

Do you claim to be innocent as to all the above offenses? _____. If not, which charges are you innocent of?

Did your case go to trial, or did you plead guilty, no contest, or Alford? _____

Is your case currently being litigated on a direct appeal? _____. If so, describe the status of your appeal.

Are you currently represented by an attorney or other Innocence Project in your criminal case? _____.
If yes, give name, address and telephone number of the attorney or program:

Describe the matters and proceedings in which you are represented.

Did you previously appeal of your conviction? _____ If so, list the issues that were raised, and give the date of the final decision from the appeals court.

Name of appeals attorney _____ . List the attorney's address and phone number:

Have you filed other postconviction motions? _____ If so, indicate whether it was in federal or state court, list the issues that were raised, and give the date the motion was decided.

Do you have a copy of the trial transcript? _____ If not, who has the transcript? _____

Do you have police reports? _____ Lab reports? _____ Appeals briefs? _____

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APPLICATION FOR ASSISTANCE--PART II

Information about your case. This section must be completed, even if you send additional materials. You may use extra paper if necessary.

Even though you claim that you are innocent, please describe what the state or government (the District Attorney or prosecutor) *says* you did to commit the crime or crimes for which you were convicted. If you were charged as an accomplice, or as a party-to-the-crime, indicate *exactly* what role the state says you played in the offense.

For each crime to which you claim innocence, please describe any physical evidence that was used to convict you. (*Examples: DNA testing, blood typing, fingerprints, footprints, ballistics testing, fiber evidence, etc.*)

For each crime to which you claim innocence, please describe all other evidence that was used by the prosecutor to convict you (*Examples: confession, eyewitnesses, statements made by you to other witnesses, possession of certain evidence such as weapons or items taken from a crime scene, etc.*) Explain why this evidence does not implicate you in the crime.

For each crime to which you claim innocence, please describe the defense you or your attorney raised at trial. (*Examples: You were not present at the scene of the crime; you were present, but the victim consented; mistaken identification; alibi, reasonable doubt, etc.*)

Please describe any physical evidence that you believe could be scientifically tested at this time and describe how you believe this testing could prove that you are innocent of the crime. (*Example, semen stains, blood stains, hairs, weapons, etc.*)

Please provide any information you may have about whether the above listed physical evidence still exists, and, if so, where it might be located.

If any of the evidence listed in question number 5 was not introduced at trial, please explain why it was not presented at trial.

Do you have an alibi that proves you could not have committed the crime you were convicted of? If so, what is your alibi? Was it presented at trial? If not, why not?

Please describe any other new evidence that you believe is available or can be developed to prove your innocence, and explain why it was not presented previously.

Please add any other information which you believe would be helpful. If you pled guilty, or confessed to the crime, please explain why you did so.

Please list the name(s) of all co-defendants (others who were charged with the same crime).

Please list the name(s) of all alleged victims of the offense for which you were convicted.

Please list the names of witnesses to the crime for which you were convicted.

IMPORTANT: READ BEFORE SIGNING:

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 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, 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 Wisconsin Innocence Project.

I understand that by conducting an initial investigation, the Wisconsin Innocence Project is not agreeing to represent me. 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 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 _____

NOTE: If this form has been mailed to you by the Wisconsin Innocence Project, please return this form within 60 days. If it is not returned within 60 days, your file with the Project will be closed without further notice. PLEASE DO NOT SEND TRANSCRIPTS OR OTHER DOCUMENTS UNTIL REQUESTED.