



Innocent In Prison Project - International

Head Office: Kasperstrasse 6a, 21647 Moisburg, Germany

QUESTIONNAIRE

Background Information for Falsely Convicted Individuals

Credibility is the "key number one" for gaining support. Thus the following information will be useful to us in determining whether or not we can place a prisoner, who claims innocence, on our website. In case you cannot answer any of the questions listed below, please indicate who could provide us with the information (e.g., attorney, friend, relative, etc.) and give their name, phone number, postal address and email address. Please, make sure to write in block letters and mail your reply to the head office above.

1. **Full name:** _____

Aliases: _____

DOC # _____ **D. O. B.** _____ **Race:** _____

Name of Institution: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

2. **Name, address, phone number and email address of person filling out this questionnaire** (if other than the defendant):

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

3. **Prior Criminal History:**

A: Offence: _____ **Date:** _____

B: Offence: _____ **Date:** _____

C: Offence: _____ **Date:** _____

D: Offence: _____ **Date:** _____

4. What **crime** were you convicted and imprisoned for?

Offence: _____

Offence: _____

Offence: _____

5. Full name, address, telephone number and email address of the **defense attorney**, who defended the convicted:

Attorney Name: _____

Name of Law Firm: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

6. **Date, county and case number** of conviction:

• **Date:** _____ **Case #:** _____

• **County of Conviction:** _____

7. **Date** of the crime:

• **Date of the crime:** _____

8. a. **Court** in which **defendant** was **convicted**:

Name of Court: _____

Address: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

b. **How long did trial last:** _____

9. Description of **sentence**: _____

10. **Location** of the crime, including full address if available: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

11. Name, address, telephone number and email address of the **police department, sheriff's office** and/or other law enforcement organization that investigated the crime:

Department Name: _____

Address: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

12. Full name, rank, telephone number, postal and email address of the **investigator or officer** that investigated the crime:

Investigator's Name: _____

Rank: _____ **Division:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

13. Full name, address, telephone number and email address of the **prosecuting attorney**:

Attorney Name: _____

Name of Law Firm: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

14. Full name, address, telephone number and email address of the **trial judge**.

Judge Name: _____

Name of Court: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

15. Are you **presently represented** by an attorney? If yes, give contact information:

Yes : _____ **No:** _____

Attorney Name: _____

Name of Law Firm: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

19. Briefly describe the **basis of your defense** at trial:

20. a: What **evidence** is available that proves the **defendant is innocent**?

b: Is there evidence not previously presented or heard in your case, which is now available?

YES _____ **NO** _____

c: Were there other people, who witnessed the alleged offence, who were not interviewed, deposed or subpoenaed to testify at your trial?

YES _____ **NO** _____

d: If yes, **specify all known** information about these people:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Age:** _____ **Race:** _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Age:** _____ **Race:** _____

21. a: Could **DNA** or **Brain Fingerprint testing** evidence establish your innocence?

YES _____ **NO** _____

b: If yes, specify how: _____

22. Did you have a **jury trial**? Racial Makeup of Jury:

YES _____ **NO** _____

Black: _____ **White:** _____ **Hispanic:** _____ **Asian** _____ **Native American** _____

23. Specify all **appeals** which you have taken and the grounds that were raised:

24. Specify all **post-conviction relief proceedings** which you have instituted:

25. Specify any and all **other proceedings** which you have been instituted:

26. Brief **description** of the defendant's **alibi**:

27. Name, address, phone number and email address of any **alibi witnesses**:

a: **Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

b: **Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

c: **Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

28. a: What is the most plausible explanation for the crime, other than that the defendant committed it? _____

b: What evidence is there of this? _____

c: Are there **alternative suspects**? **YES** _____ **NO** _____ **Give names and other information about these suspects:**

Name: _____

Name: _____

Name: _____

29. a: Are there **witnesses who lied** at the trial in order to implicate the defendant?

YES _____ **NO** _____

b: If so, please, give names, phone numbers and addresses of those witnesses, if known:

a: **Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

b: **Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

c: **Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

d: **Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

30. a. Are you **innocent of the crime you are incarcerated for**? YES___ NO___

b. **Any other comments regarding the case:**



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Release of Information and Trust

I declare that all of the above and foregoing information is accurate. I understand that providing false information will result in my being dropped from the Innocent in Prison Project website without further notice.

I give my permission for the Innocent in Prison Project International (IIPPI) founder, or her agents, to investigate all information pertaining to my conviction(s) and sentence(s).

Signature

Print Name

Date

If you have any further information to substantiate your claim of innocence, or if you weren't provided enough space for your answer, please attach a neat and orderly summation following this questionnaire.

www.iippi.org