



Name _____ Prisoner # _____

INITIAL APPLICATION FOR AID

The West Virginia Innocence Project aims to serve and free people who are in prison for crimes they did not commit. We work to fix the problems that lead to wrongful convictions in our justice system and focus on those issues important to the people of West Virginia. Only by looking at the causes of wrongful imprisonment can we help our clients and help end the cycle.

The West Virginia Innocence Project is a legal aid clinic that only handles cases of “actual innocence.” These are cases wherein a person is wrongfully convicted of a crime with which they have no involvement. We do not help with direct representation, direct appeals, or civil litigation other than petitions for writ of habeas corpus.

We only accept cases that meet the following criteria:

- (1) the applicant is actually innocent;
- (2) the applicant is not currently represented by other counsel;
- (3) the applicant was convicted in West Virginia;
- (4) the applicant’s direct appeals have already been processed and denied;
- (5) the applicant has not exhausted all of their possible legal remedies yet.
- (6) the applicant is in the post-conviction stage--the trial and direct appeal are over and final;
- (7) the applicant must have been convicted of a crime. We do not review claims where the defendant was wrongfully suspected, arrested or charged, but not actually convicted.

We wish you the best of luck with your case.

INSTRUCTIONS:

This form will assist us in finding out whether we can help you. Please fill out every section completely and to the best of your knowledge. Do not leave out any information that you believe is important in your case. If you do not know the answer to a question, respond with D/K (don't know). If a question does not apply to your case, mark it N/A(not applicable). **Please be aware that we can only accept complete and signed forms.** Once you have finished the entire form, please send it to our office. You may seek assistance filling out this application.

West Virginia Innocence Project
WVU College of Law
Post Office Box 6130
Morgantown, WV 26506-6130

I. GENERAL INFORMATION

Personal Information	CASE Information
Inmate Name: _____	Trial Judge: _____
Inmate #: _____	Trial Court Case No: _____
Prisoner Mailing Address	County of Conviction: _____
Address: _____	Date of Trial: _____
City: _____ State: ____ Zip Code: _____	Have you filed an Appeal? YES <input type="checkbox"/> NO <input type="checkbox"/>
Social Security Number: _____	Appeal Case Number: _____
Date of Birth: _____	Second Appeal Case Number: _____
Primary Language: _____ Race: _____	Have you filed a Habeas Appeal: YES <input type="checkbox"/> NO <input type="checkbox"/>
Highest Level of Education: _____	Habeas Appeal Number: _____

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Information Release and Waiver

By signing below, I authorize West Virginia 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, 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 West Virginia 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, post-conviction 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 West Virginia Innocence Project.

I understand that by conducting an initial investigation, the West Virginia Innocence Project is not agreeing to represent me. I further understand that at any point West Virginia 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 (required) _____ Date _____

Witness _____ Date _____

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Screening Agreement

*I understand that the information that I have provided in the form entitled "Innocence Screening Form" is for the sole purpose of facilitating review of the facts and circumstances of my case by representatives of the West Virginia Innocence Project, including any attorney who may eventually review the screening form. **I understand that I am not "represented" by any attorney at the West Virginia Innocence Project unless that person expressly notifies me in writing that I am to be represented by the office and that the office is enrolling my case.** I understand that any records or statements that may be gathered in the course of this screening process remain confidential to me, and are covered by the attorney-client privilege.*

Signature _____ Date _____

Witness _____

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Please fill out the following chart as accurately as possible. Use the space provided for each question. You will have the opportunity to explain charge later in the form.

	Crimes you were convicted of at the Trial	Total Sentence (Years and Months)	Time Served (Years and Months)	Time Remaining (Years and Months)
1				
2				
3				
4				
5				
6				

Did you have a trial or did you plead?

- Jury Trial (Not guilty plea)
- Bench Trial
- Guilty Plea
- Alford / Kennedy
- No Contest

Please tell us your attorney's name and contact information for the following, if applicable.

	Name and Firm
Pre-Trial Attorney	
Original (First) Trial	
Appeal	
Habeas Appeal	

Please tell us your prosecuting attorney's name and contact information for the following, if applicable.

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	Name
Original (First) Trial	

a. If you accepted a plea, why did you choose to accept the plea agreement?

b. If you accepted a plea, what crime were you first charged with?

c. Are you factually innocent of all the charges listed above? YES NO

If NO, please tell us the charges for which you are innocent.

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d. Were there multiple defendants for the charges that you claim innocence?

YES NO

If YES, please list the names and convictions for each person.

e. What was the race of the victim?

f. Have you ever been convicted of or pled guilty to any prior felonies?

YES NO

If YES, please list the names of each charge and the date of sentencing.

POST-CONVICTION EVIDENCE

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

YES NO

Give as many details as possible. Remember we can only help you if we can develop new evidence of your innocence that has not yet been presented to a court.

Were any of the following pieces of evidence gathered from the **crime scene or the victim**?
Check all that apply or all that you know of:

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- | | |
|--|---|
| <input type="checkbox"/> Hair | <input type="checkbox"/> Knife |
| <input type="checkbox"/> Other Weapons | <input type="checkbox"/> Semen |
| <input type="checkbox"/> Broken Glass | <input type="checkbox"/> Blood |
| <input type="checkbox"/> Saliva | <input type="checkbox"/> Fingerprints |
| <input type="checkbox"/> Skin | <input type="checkbox"/> Victim's Clothing |
| <input type="checkbox"/> Sheets or Bed Covers | <input type="checkbox"/> Perpetrator's Clothing |
| <input type="checkbox"/> Cigarette Butts | <input type="checkbox"/> Shoeprints |
| <input type="checkbox"/> Drinking Cups | <input type="checkbox"/> Footprints |
| <input type="checkbox"/> Carpets/Rugs | <input type="checkbox"/> Gun |
| <input type="checkbox"/> Auto or Auto Interior | <input type="checkbox"/> Rape Kit |
| <input type="checkbox"/> Other | |

STATEMENT OF THE FACTS

1. The basic facts of the crime. What were you accused of doing?

2. Where were you at the time of the crime(s)? What were you doing?

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3. Do you know the victim(s)? If so, how do you know the victim(s)? What did the victim(s) say happened?

4. Why do you think you were investigated for this crime?

(4) Did you give a signed/recorded statement?

YES NO

If YES, please explain why.

Use extra paper if necessary. Give as many details as possible.

(1) Please describe your version of events that explains why you are innocent: What happened? When? Where?
