

THE JUSTICE PROJECT QUESTIONNAIRE
ARIZONA ATTORNEYS FOR CRIMINAL JUSTICE
JUSTICE PROJECT
SANDRA DAY O'CONNOR COLLEGE OF LAW
P. O. BOX 877906
TEMPE, AZ 85287-7906

Name: _____ DOC# _____

Address: _____

ABOUT YOUR CASE

(Please type or hand print clearly in the spaces provided)

1. List all of the crimes for which you were convicted and the county and State where the conviction was entered:

2. For each crime of which you were convicted, please describe the defense you or your attorney raised at trial:

For example, if you were convicted for rape, did you assert that (1) the sex was consensual or (2) you were wrongfully identified, through eyewitness account, as the assailant.

10. What kinds of scientific testing if any was done on physical/biological evidence?

For Example: blood group typing (A,B, O), hair and fiber comparison, DNA testing (RFLP, PCR), etc.

11. What new evidence exists in your case that would lead to proof of innocence?

12. What physical and/or biological evidence was introduced at trial?

13. Is your case presently on appeal?

14. If so, in what court?

15. State the name and address of the attorney handling your appeal:

16. Did you have a trial or did you enter into a plea agreement?

17. If you had a trial, did you testify at the trial?

25. Provide the name, address and telephone number of a contact person outside of the prison system, and state their relation to you:

CASE MATERIALS

(Circle those documents you can provide us with. Please do not send anything until we specifically request it.)

Hearing Transcript

Trial Transcript

Police Reports *(Please Describe)*

Laboratory Reports *(Please Describe)*

Appellate Briefs:

Appellant (Defense)

Respondent (Prosecution)

Post-Conviction Briefs:

Petitioner (Defense)

Respondent (Prosecution)

Other Post-Conviction Motions *(What Type; Federal or State; Date Decided):*

**Authorization for Release of Information and
Communication with Lawyers Who Have Represented You**

I authorize The Justice Project of Arizona Attorneys for Criminal Justice, and anyone working with them, to obtain any documents they may need to assist in the evaluation of my case. I also authorize them to communicate with any lawyer or member of any legal team or office that has represented me in the past. I also authorize any of those lawyers or their assistants to communicate fully and completely with representatives of The Justice Project about my case.

Place Signature Here

Date: _____