



PRELIMINARY QUESTIONNAIRE

ARIZONA JUSTICE PROJECT
Arizona State University - Mail Code 4420
411 N. Central Ave., Suite 600
Phoenix, AZ 85004-2139

Full Name: _____

Prison ID #: _____

Address: _____

Date of Birth: _____

PRELIMINARY INFORMATION ABOUT YOUR CASE

MANDATORY INSTRUCTIONS: *Please type or hand print clearly in the spaces provide. Do not write answers on a separate sheet of paper, unless you run out of space and need to continue on a second sheet of paper. It is very important that you answer every question completely. It is also important that you do not provide information that we have not requested. Additional information received now will not be kept confidential and will delay processing. We primarily use this preliminary questionnaire to check for any conflicts of interest, including disclosing your name or other information to request permission to review your case, and therefore we must receive exact answers—no more, no less—to our questions before we can decide whether to move to the next step in reviewing your case (including whether to send you our more detailed questionnaire). Please sign and date the questionnaire, unsigned questionnaires will not be processed. Thank you.*

1. Please provide the following information for your wrongful conviction:

a) List all of the crimes:

b) Case number:

c) County and State where the convictions occurred:

2. State the full names of all co-defendants, if any, in your case (“co-defendants” include anyone else who was alleged to have committed or played a role in the offense for which you are seeking assistance, even if charged separately or turned State’s evidence prior to trial):

3. State the full names of all alleged victims, if any, in your case:

4. State the full names of any witness (non-law enforcement witnesses only) who testified against you at trial:



5. State the name and address of any attorneys who represented you at trial/plea:

6. State the name and address of any attorneys who represented you on appeal:

7. State the name and address of any attorneys who represented you on post-conviction relief:

8. On what date were you convicted?
9. On what date were you sentenced?
10. What was the length of sentence for each crime you were convicted of?

11. What is the *total* length of your sentence?
12. Is your case presently in Post-Conviction Proceedings (Direct Appeal or PCR)?
If so, circle the name of the court:
US District Court AZ Supreme Court Superior Court US Court of Appeals AZ Court of Appeals US Supreme Court
13. Are you currently represented by an attorney? If so, what is their name and address?

14. Did you have a trial? Or did you enter into a plea agreement?
15. Please provide the names of other organizations you have contacted for assistance.

Please read the Mandatory Instructions above before signing and sending this preliminary questionnaire. Unsigned Questionnaires will not be processed. Thank you.

Printed name

Signature

Date