



PRE-SCREEN APPLICATION

ARIZONA JUSTICE PROJECT

Attorney Lindsay Herf
4001 N. 3rd Street, Suite 401
Phoenix, AZ 85012

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. 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 is the *total* length of your sentence?
11. 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
12. Are you currently represented by an attorney? If so, what is their name and address?

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

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

Printed name

Signature

Date