

# CALIFORNIA INNOCENCE PROJECT

CALIFORNIA WESTERN  
SCHOOL OF LAW | San Diego

## INSTRUCTIONS

The California Innocence Project provides free legal assistance to applicants who are innocent of the crime(s) for which they were convicted. In order to be considered for assistance, you must meet the following criteria:

- ✓ **Your trial and direct appeal are over and final.** If you have not yet been convicted and lost your direct appeal, we cannot help you.
- ✓ **You conviction(s) occurred in a Southern California county.**  
The counties we take cases from are listed below:
  - Imperial
  - Kern
  - Los Angeles
  - Orange
  - Riverside
  - San Bernardino
  - San Diego
  - San Luis Obispo
  - Santa Barbara
  - Ventura
- ✓ **You are innocent of the crimes for which you are convicted.**  
We do not review claims where someone was wrongfully suspected, arrested, or charged, but not actually convicted.
- ✓ **New, strong evidence of innocence currently exists or is discoverable.** This is evidence that was not raised at your trial or in any post-conviction filing.

If you were convicted in a Northern California county (a county not listed above), you can request a Northern California Innocence Project application by writing to:

Northern California Innocence Project  
500 El Camino Real  
Santa Clara, CA 95053

Otherwise, if you meet the above criteria and wish to be considered for assistance, please complete the Application, date and sign the Authorization form, and provide the requested documents listed on page 15.

Send your completed Application, signed and dated Authorization, and supporting documents to:

California Innocence Project  
225 Cedar Street  
San Diego, CA 92101

Please note, **WE DO NOT ACCEPT APPLICATION DOCUMENTS IN PERSON.** We only accept applications through the mail.

The California Innocence Project will use this Application and supporting documents to decide whether to investigate your case, and whether to provide assistance to you, so please answer all questions truthfully, completely, and to the best of your ability.

If your Application is incomplete or you fail to date and/or sign the Authorization form, our office will send you another Application and Authorization form and will not begin review of your case until we receive the completed documents back.

We will notify you after your case has been reviewed. This may take quite some time and you may not hear from us for many months, due to the high volume of cases we are reviewing.

During the review process, you may need to pursue remedies on your own in order to meet filing deadlines. Unfortunately, we cannot provide legal advice or assistance until we agree to represent you in a post-conviction filing. You must proceed on your own. Thank you for your patience.

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## APPLICATION

**Please fill out this application truthfully, and to the best of your ability.  
If you do not know the answer to a question, write "I do not know" in the space.  
If a question is not applicable to you, write "N/A" in the space.  
Use additional pages if you do not have sufficient space to answer.**

### I. PERSONAL INFORMATION

Name (first, middle, last): \_\_\_\_\_

Alias (other names, monikers): \_\_\_\_\_

CDCR#/Booking#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Prison/Jail/Brig: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Current Cell Location: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Military Service (if any): \_\_\_\_\_

Disabilities (if any): \_\_\_\_\_

**II.**  
**ATTORNEY INFORMATION**

Trial Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Case Number: \_\_\_\_\_

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Appellate Attorney (if any): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

*\*Court of Appeal & California Supreme Court*

Date Decided: \_\_\_\_\_

\*\*\*

Current/Other Attorney (if any): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Describe the proceeding(s) and provide any case number(s), and date(s) decided in which you were/are currently represented:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III.  
FAMILY MEMBER/FRIEND  
INFORMATION**

Please provide the names and contact information of any family member(s) or friend(s) who may have helpful information or documents in your case:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

If a family member or friend is filling out this application, please provide your contact information. *Please note that the applicant or legal guardian for the applicant must personally sign the authorization form.*

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**IV.**  
**BASIC CASE INFORMATION**

Age at the Time of Crime(s): \_\_\_\_\_

Date of Crime(s): \_\_\_\_\_

Location of Crime(s): \_\_\_\_\_

\_\_\_\_\_

Date of Arrest: \_\_\_\_\_

Location of Arrest: \_\_\_\_\_

\_\_\_\_\_

Booking Number: \_\_\_\_\_

Trial Judge Name: \_\_\_\_\_

Type of Trial:                      Jury       Bench       Plea Deal (no trial)

Multiple Trials:                      Yes       No

Prosecutor's Name: \_\_\_\_\_

Briefly describe what the prosecutor claimed you did:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Victim(s) Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Crime(s) Convicted of: \_\_\_\_\_  
\_\_\_\_\_

County of Conviction: \_\_\_\_\_

Date of Sentencing: \_\_\_\_\_

Sentence: \_\_\_\_\_

Parole Eligibility Date (if any): \_\_\_\_\_

# Prior Parole Hearings (if any): \_\_\_\_\_

Are you serving time on any other conviction? Yes  No

If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have prior adjudications/convictions? Yes  No

If yes, please list them, including the year you incurred them:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V.  
CASE EVIDENCE &  
INNOCENCE CLAIM**

Are you *actually innocent* of everything for which you were convicted?

Yes  No

If your answer is "No," which convictions are you innocent of?

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Please explain why you are innocent:

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Please explain why you believe you were wrongfully convicted:

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Do you know how you became a suspect?

Yes  No

If yes, please explain:

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Were there any other suspects that were not arrested or charged? Yes  No



If yes, please explain:

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Did you give a statement to police? Yes  No

If yes, was it recorded? Yes  No

If you gave a statement, what did you say?

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Did any experts testify at your trial about the following topics (please circle):

<i>Eyewitness Identifications</i>	<i>Tool Marks</i>	<i>Abusive Head Trauma</i>	<i>Fiber Comparison</i>
<i>False Confessions</i>	<i>Tire Tracks</i>	<i>Ballistics</i>	<i>Gang Evidence</i>
<i>Bite Marks</i>	<i>DNA</i>	<i>Toxicology</i>	<i>Blood Spatter</i>
<i>Hair Comparison</i>	<i>Psychological Evaluations</i>	<i>Shoe Prints</i>	<i>Testimony of Children</i>
<i>Fingerprints</i>	<i>Shaken Baby Syndrome</i>	<i>GPS/Cell Phone Tower Data</i>	<i>Scent Detection Dogs</i>
<i>Arson/Explosives</i>			

If you circled any issue(s) above, briefly describe how the evidence was used at your trial:

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Was any physical or biological evidence collected from the scene? Yes  No

If yes, please list any items collected (Examples: blood, semen, fingerprints, clothing, hair, rape kit, weapons):

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Did you know the victim(s)/eyewitness(es)? Yes  No

If yes, please explain how:

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Did the victim(s)/eyewitness(es) identify you as the perpetrator? Yes  No

If yes, when and how? (Examples: scene of the crime, live lineup, six-pack, in court):

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Did anyone else claim you committed the crime? Yes  No

If yes, who, why, and how?

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Do any witnesses who testified against you have reasons to lie? Yes  No

If yes, please explain:

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Do you have reason to believe any of the witnesses against you wish to change their statement(s)?

Yes  No

If yes, please explain:

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Were you present at the scene of the crime before, during, or after? Yes  No

If yes, please explain:

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If no, please explain where you were, what you were doing, and who you were with when the crime occurred:

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What defenses did your trial attorney raise at trial (Examples: alibi, self-defense, consent, mistaken identity, diminished capacity, etc.)

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Did you testify on your own behalf at trial? Yes  No

If not, why didn't you testify?

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If you had an alibi, did your alibi witness(es) testify at your trial? Yes  No

If no, please explain why they did not testify, if you know:

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Also, if no, please also provide their names and contact information:

Name:

Relation:

Address:

Phone:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

What other witnesses testified for the defense and what did they say?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who committed this crime (if you know or suspect someone) and why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What evidence exists or can be discovered that will prove your innocence (circle only ones that you believe apply to your case):

*DNA will prove my innocence*

*An eyewitness or victim lied about my involvement*

*Someone else has admitted to committing the crime*

*An eyewitness or victim has recanted*

*A jailhouse informant lied about statements I made*

*I gave a false confession*

*Witnesses favorable to me did not testify at trial*

*I had a bad lawyer*

*An alibi witness will prove my innocence*

*New science supports my innocence claim*

*An eyewitness or victim mistakenly identified me as the perpetrator*

*Other: \_\_\_\_\_*

\_\_\_\_\_

\_\_\_\_\_

Have you applied to the California Innocence Project before? Yes  No

Have you applied to another innocence organization? Yes  No

If yes, which innocence organization(s) have you applied to and what is the status of your case at those organizations?

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Have you applied to a prosecutor's conviction integrity/review unit? Yes  No

If yes, which prosecutor's office and what is the status of your case?

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**VI.  
CODEFENDANTS**

Were others arrested/charged/convicted in connection with this crime? Yes  No   
*\*If "No," skip this section.*

If yes, please provide their names:

1. Name/CDCR #: \_\_\_\_\_

Same Trial  Separate Trial  Took a Plea Deal  Charges Dismissed

2. Name/CDCR #: \_\_\_\_\_

Same Trial  Separate Trial  Took a Plea Deal  Charges Dismissed

3. Name/CDCR #: \_\_\_\_\_

Same Trial  Separate Trial  Took a Plea Deal  Charges Dismissed

Did any codefendant(s) make a statement to police?

If yes, what did they say?

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Did any codefendant(s) testify against you?

Yes  No

If yes, why did they testify against you and what did they say?

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Did you know your codefendant(s) prior to the crime?

Yes  No

If yes, how did you know them and how well did you know them?

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Have you been in contact with your codefendant(s) since your trial? Yes  No

If yes, please explain how often you are in contact and why:

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**VII.**  
**DESCRIPTIVE INFORMATION**

Please provide a physical description of yourself at the time of the crime:

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Skin Color: \_\_\_\_\_

Hair Length/Style: \_\_\_\_\_

Facial Hair: \_\_\_\_\_

Scars/Tattoos: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIII.**  
**ADDITIONAL INFORMATION**

Is there anything else you think we should know about your case?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**XIV.**  
**DOCUMENTS**

Please indicate which documents you have in your possession and send copies of the documents to us with your completed Application and Authorization form. Please do not send us the transcripts from your trial unless we request them.

1. Trial Documents

- Probation Officer's Report
- Abstract of Judgment
- Police reports
- Evidence, DNA, or laboratory reports

2. Appellate Documents

- Appellant's Opening Brief
- Respondent's Brief
- Appellant's Reply Brief
- Court of Appeal Opinion

3. Post-Conviction Documents

- Witness statements/declarations/affidavits
- Expert statements/declarations/affidavits
- Evidence, DNA, or laboratory reports

Would you like your documents returned to you in prison?                      Yes                       No

If no, please provide the contact information for the person to whom we should send your documents:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

# AUTHORIZATION

## A. Communication in General

This document, or photocopy thereof, expressly authorizes the California Innocence Project, which includes any attorney, law student, intern, investigator, expert, staff member or anyone else working for or with the California Innocence Project to communicate with anyone who has information about me or my case. This includes all of my previous and current attorney(s), any correctional institution where I am housed or used to be housed, the California Department of Corrections & Rehabilitation, any probation and parole offices, law enforcement or governmental agencies, prosecutors, prosecutor conviction integrity or review units, courts and court staff, witnesses, other innocence organizations, the media, and any other person, entity, or organization that the California Innocence Project believes is pertinent to the review, investigation, or evaluation of my case or is in the interests of the wrongly convicted.

## B. Release and Copy of Documents or Other Materials

This document, or photocopy thereof, expressly authorizes and directs anyone or any agency in possession of materials pertaining to me or my case to release them to the California Innocence Project for examination and copying. This includes, but is not limited to any documents, photographs, audio, video, and digital files relating to me or my case.

## C. Communication with Prior Attorneys

This document, or photocopy thereof, expressly authorizes and directs my previous and/or current attorney(s) to release all of my files and discuss my privileged communications with the California Innocence Project.

## D. Waiver of Confidentiality

I fully understand that there may be statutes, rules, and regulations that protect the confidentiality of some of the information covered by this authorization; it is my specific intent to waive the protection of the attorney-client privilege and all such statutes, rules, and regulations to the extent necessary to share the above information with the California Innocence Project.

## E. Representation

I understand that the California Innocence Project is not agreeing to represent me in any current or future legal proceedings at this time.

## F. Expiration of Authorization

I understand that review and evaluation of my case may take months to years. This Authorization remains in effect from the date below until expressly revoked by me in writing. By my signature below, I represent that this waiver is voluntary and given without any reservation.

DATED: \_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(printed name)