

Prisoner Questionnaire

IMPORTANT! Please read Advocates 4 Wrongfully Convicted Criteria
(http://www.a4wc.org/Getting_Started.html#anchor_20) **before completing this form!** If you do not meet our criteria we will be unable to accept your case.

PRISONER INFORMATION:

Name:

Date of Birth:

Age:

Mailing Address:

City:

State:

Zip:

Name of nearest relative:

How related:

Crime(s) convicted of:

City/State crime(s) committed:

DNA used to convict (Y/N):

How convicted:

Date Convicted:

Innocent (Y/N):

Length of sentence:

Date eligible for parole:

How long in prison:

Name of Prison:

Prison Location: (address/city/state):

Name of trial lawyer:

Paid or Public Defender(P/PD):

Do you have an appellate lawyer (Y/N):

Name:

Paid or Public Defender (P/PD):

Appeal filed (Y/N):

Date filed:

Ruling reached (Y/N):

Result of appeal:

DNA available for testing (Y/N):

Type of DNA (if applicable):

Type of information you can provide us (transcripts, discovery, photos, briefs, court decisions, etc):

Are you currently working with any other advocacy group and/or Innocence Project (Y/N): If so who:

Expectations of A4WC:

Comments:

CONTACT INFORMATION:

Name:

Relationship to Prisoner:

Mailing Address:

City:

State:

Zip:

Phone:

Email:

Why you feel prisoner is innocent:

Why you contacted A4WC:

Capability to raise money (legal fees, DNA testing, PI, etc.):

Your expectations of A4WC:

Comments: