Washington Innocence Project

INSTRUCTIONS FOR
APPLICATION FOR LEGAL ASSISTANCE

Washington Innocence Project provides free legal assistance to people in prison whose actual innocence can be demonstrated through DNA testing or other newly discovered evidence.

In order to be considered for assistance, you must meet the following criteria:

- Be wrongly convicted of a state or federal felony crime in Washington State,
- No longer have a right to appointed counsel,
- Be unable to afford counsel,
- Have completed the direct appeals process,
- Have a claim of actual innocence that can be proven through DNA testing or other new evidence,
- Have no involvement in the crime whatsoever (we do not take cases where the claim is an affirmative defense such as consensual sex, self-defense, or accidental death).

If you meet the above criteria and wish to be considered for assistance in proving your innocence, please complete the enclosed application packet:

- Fill out the Application for Legal Assistance as completely as possible. All the information requested helps us evaluate your case. Your application does not have to be complete to apply.

- Sign the consent forms. We cannot review your application until we receive a completed, signed application and the Consent for Release of Information and Authorization for Case Evaluation & Preservation forms.

- Return the completed application and forms as Legal Mail to:
  Washington Innocence Project
  P.O. Box 85110
  Seattle, WA  98145-1110
  
  Please Note: More than one stamp is required to mail this application.

Do not send additional materials until requested. We will write to confirm when we receive your application. Please be aware that the application review process can take months.
Please fill this out to the best of your ability.
If you cannot answer a question, you may leave it blank.

Name: ________________________________
First   Middle   Last
Application Date: ________________________
Gender: __________ Race: ______________________
Date of birth: __________________________
Primary language: _______________________

Current Correctional Facility and Mailing address: ________________________________

DOB: ____________________________

Age at time of crime: _______________

Crime(s) charged with: ___________________________________________________________________

Crime(s) convicted of: _____________________________________________________________________

Date of alleged crime: ____________________________ Date of arrest: ________________________
Location of crime (city/county): ___________________________________________________________
Name(s) of victim(s): ______________________________________________________________________
Name(s) of co-defendant(s): __________________________________________________________________

Date of Conviction: ____________________________ County of Conviction: _______________________
Sentence(s): ________________________________ Expected Release Date: ______________________
Superior Court Case No.: ________________________ Trial Judge: ______________________________
Trial Attorney: ______________________________ Prosecutor: ______________________________

Do you claim to be actually innocent of all of the above charges? Yes ☐ No ☐

If not, which charges are you innocent of? ______________________________________________________________________

Are you currently represented by an attorney? Yes ☐ No ☐

If yes, who? ______________________________________________________________________

If you are not the prisoner, please provide your contact information and relationship to the prisoner. Prisoner or legal guardian must sign consent and authorization forms. ____________________________________________
__________________________________________________________________________________________
Please explain why you are innocent and why you believe you were wrongly convicted.
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Do you know why you became a suspect? If so, please explain.
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Did you know the victim(s)?

Yes □  No □

If yes, how did you know the victim(s)? ___________________________________________________________
___________________________________________________________________________________________

Did the victim(s) identify you as the person who committed the crime?

Yes □  No □

If yes, when and how? (Example: at the scene of the crime, line up, photograph identification, in court)
___________________________________________________________________________________________
___________________________________________________________________________________________

Did anyone else identify you as the person who committed the crime?

Yes □  No □

If yes, who, when and how? ____________________________________________________________________
___________________________________________________________________________________________

Were you present at the scene of the crime before, during, or after it occurred?

Yes □  No □

If no, explain where you were and what you were doing when the crime occurred.
___________________________________________________________________________________________
___________________________________________________________________________________________
Tell us what really happened at the time of the crime. If you don’t know because you were somewhere else, tell us where you were and who you were with, if anyone.

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

If you had a trial, what type?  Jury □  Bench □

If you pled guilty, did you enter:  Guilty plea □  or  Alford plea □

Were others charged in connection with this crime?  Yes □  No □

If yes, names of those charged:

1. Name: ________________________________
   □  Same Trial  □  Separate Trial  □  Took Plea Deal

2. Name: ________________________________
   □  Same Trial  □  Separate Trial  □  Took Plea Deal

3. Name: ________________________________
   □  Same Trial  □  Separate Trial  □  Took Plea Deal

Did you know the co-defendant(s) prior to the crime?  Yes □  No □

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

_____________________________________________________________________________________

Did you file a Direct Appeal?  Yes □  No □

If so, did the Court of Appeals issue an opinion on your appeal?  Yes □  No □

Did the court issue a Mandate?  Yes □  No □

If so, on what date was the Mandate issued? ________________________________
INVESTIGATION/ARREST

Incident No: ______________          Law enforcement agency that arrested you: ___________________________________

Name(s) of investigating officer(s): _______________________________________________________________________

Place of arrest (location, city, county, state): _______________________________________________________________

Were others arrested for the crime?  _____________________________________________________________________

If yes, list name(s): ___________________________________________________________________________________

Did the police interview you before you were arrested?    Yes ☐    No ☐

If yes, how long were you interviewed? _____________________________________________________________

Who interviewed you?  ________________________________________________________________________________

Did you ask to speak with a lawyer prior to or during the interview process?    Yes ☐    No ☐

If yes, who was the lawyer you spoke to?  ___________________________________________________________

If no, when was the first time you spoke with a lawyer? ________________________________________________

Did you waive your Miranda rights?    Yes ☐    No ☐

If yes, was the interview electronically recorded?    Yes ☐    No ☐

Did you make a statement?    Yes ☐    No ☐

If yes, was it a written statement?    Yes ☐    No ☐

If yes, did you sign the statement?    Yes ☐    No ☐

If yes, was your lawyer with you when you signed the statement?    Yes ☐    No ☐

Did you confess to the crime?    Yes ☐    No ☐

If yes, was that confession used at trial?    Yes ☐    No ☐

Explain why you confessed and briefly describe what you told the police:

____________________________________________________________________________________________________

____________________________________________________________________________________________________
THE TRIAL

** If you pled guilty, skip to the next section. **

What type of trial did you have?  
- Jury
- Bench

What did the prosecutor say happened during the crime? How did they describe your role in the crime?
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

What did your defense attorney say happened during the crime?
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

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

Tell us, in your own words, what really happened.  
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Were you with the victim(s) at the time of the crime(s)?  
- Yes
- No

** If yes, explain:  
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

If you had an alibi, did you try to prove it at trial?  
- Yes
- No

Did you testify on your own behalf?  
- Yes
- No
If not, why didn’t you testify? __________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Did the victim(s) testify?  Yes ☐  No ☐

If yes, please provide their names and possible locations: _________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What did they say at trial? ______________________________________________________________

____________________________________________________________________________________

Did any eyewitnesses testify for the prosecution?  Yes ☐  No ☐

If yes, please provide their names and what they said: _________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Did any eyewitnesses testify in your defense?  Yes ☐  No ☐

If yes, please provide their names and what they said: _________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Other prosecution witnesses (what did they testify to?):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Other defense witnesses (what did they testify to?):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
What experts (doctor, psychiatrist, scientist, etc.) testified for the prosecution? Provide names and contact information if possible:  
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

What experts testified for the defense? Provide names and contact information if possible:  
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Did any police informants testify against you at trial?  Yes ☐  No ☐

Did they claim to have learned information about your case from you while you were in jail?  Yes ☐  No ☐

Did any alleged accomplice or co-defendant testify against you?  Yes ☐  No ☐

Did anyone who testified against you, including the victim, have a reason to lie?  Yes ✗  No ☐

If yes, please explain:  _____________________________________________________________
____________________________________________________________________________________

If you had multiple trials, how many? And what was the reason for the multiple trials?  
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
Did your attorney advise you to take a plea bargain?  Yes □  No □

**If yes**, what did your attorney say to you to make you decide that a plea was in your best interest?
______________________________________________________________________________
______________________________________________________________________________

**If no**, why did you choose to accept the plea agreement? __________________________________________
______________________________________________________________________________
______________________________________________________________________________

If English is not your first language, was the plea agreement explained to you in your first language?  Yes □  No □

Did you tell your attorney you were innocent?  Yes □  No □

If the plea was in writing, did you sign it?  Yes □  No □

If yes, was your attorney present?  Yes □  No □

Did you read and understand what you were signing?  Yes □  No □

**If no**, why did you sign? __________________________________________
______________________________________________________________________________

Did the judge ask you if you understood the plea?  Yes □  No □

Were you told that you could withdraw your plea?  Yes □  No □

**If yes**, what were you told? __________________________________________
______________________________________________________________________________

Did you try to withdraw your plea?  Yes □  No □
TRIAL EVIDENCE

Was any physical or biological evidence taken from the crime scene? Yes □ No □

If yes, list items that were found (e.g., blood, semen, fingerprints, clothing, hair, rape kit, weapons, etc.).

____________________________________________________________________________________
____________________________________________________________________________________

If yes, where was the evidence found (e.g., gun in a gutter)?

____________________________________________________________________________________
____________________________________________________________________________________

If yes, was it determined who the evidence belonged to (e.g., the victim/perpetrator)?

____________________________________________________________________________________

Was any physical and/or biological evidence recovered from the victim or the victim’s clothing? Yes □ No □

If yes, was a rape kit collected? Yes □ No □

If yes, what other evidence was collected from the victim? _________________________________

____________________________________________________________________________________

Was physical evidence collected from you or your clothing? Yes □ No □

Was the evidence collected from your person or were items taken from your car or home? __________

____________________________________________________________________________________

Was physical evidence collected from co-defendants? Yes □ No □

If yes, was the evidence collected from co-defendants’ person or were items taken from their car or home? _________________________________

____________________________________________________________________________________

Was testing done on the evidence? Yes □ No □
If yes, what agency performed the test(s)? _________________________________________________
____________________________________________________________________________________

If yes, what were the results of the testing? _________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Do you have a copy of the results?       Yes ☐       No ☐

Were the results used at trial?       Yes ☐       No ☐

If no, why not? ________________________________________________________________
____________________________________________________________________________________

Have you taken a polygraph (lie detector) test?       Yes ☐       No ☐

If yes, how many, when, where and by whom was the test given? _________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Were you told you passed or failed the polygraph?       Pass ☐       Fail ☐

If you failed, why do you think you failed? ______________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Did you file a Direct Appeal?  Yes ☐  No ☐

Case #: _______________________________  Date filed: ______________________________

Date Decided: __________________________  Affirmed ☐ or Reversed ☐

Date of Mandate: _______________________

Issues raised on appeal: _____________________________________________________________

____________________________________________________________________________________

If an attorney filed the appeal for you, list name and contact information: ______________________________

____________________________________________________________________________________

Did you file a Petition for Review with the Washington State Supreme Court?  Yes ☐  No ☐

Case #: _______________________________  Date filed: ______________________________

Did the Court hear your case?  Yes ☐  No ☐  If no, date decided: _______________________

Issues raised in petition: _____________________________________________________________

____________________________________________________________________________________

If an attorney filed the petition for you, list name and contact information: ______________________________

____________________________________________________________________________________

Have you filed a Personal Restraint Petition or a Motion for a New Trial?  Yes ☐  No ☐

Case #: _______________________________  Date filed: ______________________________

Pending?  Yes ☐  No ☐  If no, date decided: ______________________________

Issues raised in petition/motion: ______________________________________________________________
If an attorney filed the petition/motion for you, list name and contact information: __________________________

Have you appealed to the Federal Court?  Yes ☐  No ☐

Case #: _______________________________  Date filed: _______________________________

Pending?  Yes ☐  No ☐  If no, date decided: _______________________________

Issues raised in petition: _______________________________________________________________________

If an attorney filed the petition for you, list name and contact information: __________________________

Have you filed other post-conviction petitions, habeas corpus petitions or motions (i.e. have you filed anything after the guilty verdict or plea)?  Yes ☐  No ☐

   If yes, please provide petition type, case number, date filed and date decided, and all issues raised:

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________
NEW EVIDENCE OF INNOCENCE

Has any victim or witness who testified against you recanted or changed his/her testimony? Yes □ No □

If yes, who? Describe how the story changed. ____________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Was this evidence known at the time of your trial? Yes □ No □
Was this evidence presented at trial? Yes □ No □

Has any other way to prove your innocence developed after your trial? Yes □ No □
(For example, has someone else confessed to the crime?)

If so, please describe: ________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Was this evidence known at the time of your trial? Yes □ No □
Was this evidence presented at trial? Yes □ No □

Since your conviction, has any additional testing been done on the physical/biological evidence? Yes □ No □

If yes, what kind of testing, by whom and when? ______________________________
__________________________________________________________________________________

Have you used these results in any post-conviction court filings? Yes □ No □

If yes, which one(s) and when? ________________________________________________

Do you know whether any physical evidence is still available for testing? Yes □ No □

If yes, what is it, where is it, and who has it? ______________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Do you know who committed the crime(s) of which you are convicted?   Yes ☐     No ☐

If yes, who committed the crime(s)? ______________________________________________________

How do you know this person is the real perpetrator? _________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

If you had an investigator available to investigate your claim of innocence, what would you have the investigator look into? _____________________________________________________________________ 
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Is there anything else you think could help us prove your innocence? __________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

BACKGROUND

Are you serving time on any other conviction(s)?  Yes  ❑  No  ❑

If yes, explain: ____________________________________________________________

Were you employed at the time of your arrest?  Yes  ❑  No  ❑

If yes, please give a brief statement of your work history: ____________________________

____________________________________________________________________________

What is your highest grade level completed in school? ______

Did you receive Special Education Services in school?  Yes  ❑  No  ❑

Explain any medical or mental health issues you have experienced:

Before your conviction: __________________________________________________________

____________________________________________________________________________

Since your conviction: __________________________________________________________

____________________________________________________________________________

Please provide the names and contact information of family or friends may have helpful information about your case. __________________________________________________________

____________________________________________________________________________

Would you like to receive case documents other than correspondence in prison?  Yes  ❑  No  ❑

Is there any other information about your case you think we should know?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
**CASE MATERIALS**

Do not send any materials now, but please check those documents that you can make available to us upon request:

- Pretrial hearing transcripts
- Trial or plea transcripts
- Police reports
- Appellate briefs
- Laboratory reports
- Medical reports
- Witness statements
- Probation/sentencing report
- Other

If these materials are in the possession of a relative or friend, please indicate how we can get these materials:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Were there any questions in the application you did not understand or think should be changed? Write any feedback below.
___________________________________________________________________________________________
___________________________________________________________________________________________
AUTHORIZATION FOR CASE EVALUATION & PRESERVATION OF EVIDENCE

This document authorizes any attorney, staff member, student, or volunteer, working with Washington Innocence Project (WashIP) to communicate with any persons or organizations, including but not limited to members of the Innocence Network, regarding the evaluation, progress and/or status of my request for legal assistance.

This document authorizes any attorney, staff member, student, or volunteer, working with WashIP to communicate with any persons or organizations who had or maintain physical custody of evidence in my case. This authorization includes, but is not limited to, communications to determine whether the evidence is preserved, and requests to preserve the evidence while WashIP conducts its evaluation.

In all other respects, my interactions and communications with WashIP will remain confidential.

I understand WashIP is not agreeing to represent me in any current or future legal proceedings at this time.

Signed this ______ day of _______________, 20______.

__________________________________________
Signature

__________________________________________
Printed Name
Washington Innocence Project

CONSENT FOR RELEASE OF INFORMATION

This document authorizes and directs any persons or government agencies including, but not limited to, police, prosecutors, probation and parole officers and officials to release to Washington Innocence Project (WashIP) and any attorney, staff member, student, or volunteer working under its purview, any and all documents and other materials in their possession pertaining to me or my case.

This document authorizes and directs attorneys who have previously represented me or from whom I have sought legal advice and their agents, to release to WashIP and any attorney, staff member, student or volunteer working under its purview, any documents pertaining to me or my case and to disclose to WashIP any confidential information or privileged communications.

This document serves as authorization for WashIP evaluation purposes only. This document serves as authorization for WashIP for ten (10) years from this date.

I fully understand that there may be statutes, rules, and regulations that protect the confidentiality of some of the records, files, reports, and information covered by this release; it is my specific intent to waive the protection of all such statutes, rules, and regulations. By my signature below, I represent that this waiver is voluntary and given without any reservation.

Signed this ______ day of ______________ , 20______.

__________________________________________________________
Signature

__________________________________________________________
Printed Name