



**Office of the Ohio Public Defender**

250 East Broad Street - Suite 1400

Columbus, Ohio 43215

[www.opd.ohio.gov](http://www.opd.ohio.gov)

(614) 466-5394

Fax (614) 644-0708

TIMOTHY YOUNG  
State Public Defender

Enclosed is a copy of our Screening Questionnaire. The questionnaire is very helpful to us when we review your case. The Ohio Public Defender Wrongful Conviction Project is not able represent every person that applies. We only take on a small number of cases that we believe have the best chance of proving innocence. We will look closely at the answers you give on the Screening Questionnaire. Please fill it out as completely as you can, but do not worry about answering questions that you do not know the answer to.

We look forward to receiving your questionnaire, and we will let you know when it arrives at our office. Please sign the release at the end of the questionnaire in front of a notary. If you have trouble getting that done when your questionnaire is ready, you can take that page off and send it in later when you are able to sign it in front of a notary. You do not need to send anything other than your completed questionnaire at this time.

We receive many requests for help which makes it hard to tell you when we will begin to review your case. It may take up to a year or more before we begin to look at your case, but we will write to you when we start reviewing your case, and again when we make a decision on whether or not we can take your case.

**Please understand that this is not a continuation of your appeals. We only look at the facts of the crime or alleged crime. Since we do not represent you at this time, you are still responsible for meeting any legal filing deadlines.**



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**WRONGFUL CONVICTION PROJECT  
SCREENING QUESTIONNAIRE**

**NAME:** \_\_\_\_\_

**ODRC NUMBER:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**CURRENT CORRECTIONAL FACILITY AND ADDRESS:**

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

**CASE MANAGER:** \_\_\_\_\_

**CASE MANAGER'S TELEPHONE NUMBER:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_

**If you were not convicted by an Ohio state court, please do not continue. We are not able to accept cases where the conviction is from another state or a federal court.**

**Please fill out this questionnaire as completely as possible. If you do not know the answer to a question, you may leave it blank.**

**PART I.**  
**CASE INFORMATION**

1. Please list the crimes that you were convicted of (for example: murder, attempted murder, rape, robbery, etc.) Also, list your total sentence:

| <b><u>CRIMES CONVICTED OF</u></b> | <b><u>SENTENCE</u></b> |
|-----------------------------------|------------------------|
|                                   |                        |
|                                   |                        |
|                                   |                        |
|                                   |                        |
|                                   |                        |
|                                   |                        |
|                                   |                        |
|                                   |                        |

2. Date and county of your conviction, and court case number:

| <b><u>DATE</u></b> | <b><u>COUNTY</u></b> | <b><u>CASE NUMBER</u></b> |
|--------------------|----------------------|---------------------------|
|                    |                      |                           |
|                    |                      |                           |
|                    |                      |                           |
|                    |                      |                           |

3. Were you involved in this crime in any way? If so, please explain:

4. What was the name of the victim(s) or alleged victim(s)?

5. Did you know the victim(s) or alleged victim(s)? If so, how do you know them?

6. Please tell us what the police and prosecutors say that you did. (there are extra sheets of paper at the end if you need more room to write).

7. Please tell us your side of the story here. It may help to answer these questions:
- a) Why are you not guilty of this crime?
  - b) What do you think really happened, if you know?
  - c) Why were you blamed?
  - d) Is there anything else that you want us to know?
- (There are extra sheets of paper at the end if you need more room to write).

8. How did you become a suspect in the case?

9. What police department arrested you? What were the officers names, if you know?

10. When and where were you arrested? Also, please tell us anything else about your arrest that you think is important.

11. Who were the detectives on your case, if you know?

12. Did you talk to the police about your case? If yes, please answer these questions.

a) Were you held in a room and questioned?

b) How many times were you questioned, and for how long each time?

c) Was it recorded or videotaped?

d) Did you write a statement?

e) What did you say or write?

13. Did anyone identify you before trial? If yes, please tell us who, and was it from photos or a line-up.

14. Is there anyone that **could not** identify you when asked by the police? If yes please tell us who.

15. Who was your trial attorney? Was she or he appointed to represent you, or did you hire her or him?

16. How were you convicted (circle one)?

Jury trial      Judge trial      Guilty plea      Alford /no contest plea



17. If you took a plea, please tell us why? If you did not, go to question #20.

18. Did you read and sign the plea deal? If yes, was your attorney with you?

19. Did you ever try to withdraw your plea? If yes, what happened?

20. Who was the prosecutor on your case?

21. Who was the trial judge?

22. Please list the names of any co-defendants in your case.

23. If you had co-defendant(s), did any of them testify against you? If yes, please list their name(s).

24. Please list the names of any police informants or snitches that testified against you.

25. Please list the names of any victim(s) or alleged victim(s) that testified against you.

26. Please list the names of any eyewitnesses (someone that saw the crime) that testified.

27. Did anyone receive a deal for testifying against you, that you know of? If yes, please list their name(s).

28. Did any doctors or coroners testify? If yes, please list their names if you remember.

29. Please list the evidence from your case, even if it was not used at trial. Evidence can include; fingerprints, DNA, bullets, guns or weapons, doctor reports and anything else that you remember.

30. Did you testify?

31. Did you appeal your conviction(s)?

32. Did an attorney help you with your appeal(s)? If so, what is his or her name?

33. Have you been sued, or have you sued someone else because of this case?

34. Do you currently have a lawyer helping you in any way? If so, please give her or his name, address, and telephone number.

## **PART II: ABOUT YOU**

Questions 35, 36 and 37 are optional, meaning that you do not have to answer them if you do not want to.

35. What is the highest grade you completed in school?

36. Did you have Special Education issues? \_\_\_ (Yes) \_\_\_ (No). If yes, please tell us about them.

37. Have you ever received mental health treatment? \_\_\_ (Yes) \_\_\_ (No). If yes, please tell us about it.

38. Please list the names, addresses, and phone numbers of family and friends who might have information about your case.

39. Were you working before you were arrested? If yes, who did you work for and where?

### **PART III: NEW EVIDENCE**

40. Has a victim or witness come forward with information about your case? If yes, please list their name(s) and what they are saying now.

41. Has any other information come up since your trial that would help prove that you are innocent? If yes, please tell us about it.

42. Do you know who committed the crime(s) of which you were convicted? If yes, please list their name(s), and what you know about them.

**PART IV: CASE MATERIALS**

43. Please put a check mark next to the things that you have. You do not need to send these now. We will write to you when we need them and give you a postage-paid envelope so you don't have to pay to send them to us.

Trial Transcript \_\_\_\_\_

Hearing Transcripts \_\_\_\_\_

Police Reports and/or Witness Statements \_\_\_\_\_

Evidence Reports (DNA, fingerprints, etc.) \_\_\_\_\_

Motions or Briefs: \_\_\_\_\_

Court opinions \_\_\_\_\_

Anything else (Please describe) \_\_\_\_\_

44. If there is anything else that you want to tell us about your case or about yourself, please do so here.



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**OHIO PUBLIC DEFENDER WRONGFUL CONVICTION PROJECT  
THIRD-PERSON CONTACT AUTHORIZATION FORM**

This document authorizes and directs any persons or government agencies including, but not limited to, police, prosecution, sheriff, probation, and parole officers and officials, to release to the Ohio Public Defender Wrongful Conviction Project 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 the Ohio Public Defender Wrongful Conviction Project and any attorney, staff member, student, or volunteer working under its purview, any documents pertaining to me or my case and to disclose to the Ohio Public Defender Wrongful Conviction Project any confidential information or privileged communications.

This document authorizes any attorney, staff member, student, or volunteer working with the Ohio Public Defender Wrongful Conviction Project to communicate with any persons or government agencies having information relevant to the evaluation of my case, including, but not limited to, attorneys who have previously represented me or from whom I have sought legal advice, members of the Ohio Innocence Project regarding the evaluation, progress, and/or status of my request for legal assistance, as well as police, prosecution, sheriff, corrections, probation, and parole officers and officials. This document further authorizes the Ohio Public Defender Wrongful Conviction Project to examine, receive, and/or photocopy any and all documents pertaining to me or my case that are in the possession of such persons or agencies.

This document authorizes any attorney, staff member, student, or volunteer working with the Ohio Public Defender Wrongful Conviction Project to communicate with any persons or organizations, including, but not limited to, members of the Wrongful Conviction Project regarding the evaluation, progress, and/or status of my request for legal assistance.

In all other respects, my interactions with the Ohio Public Defender Wrongful Conviction Project will remain privileged and confidential.

This document serves as authorization for the Ohio Public Defender Wrongful Conviction Project's evaluation and investigation purposes only. I understand that the Ohio Public Defender Wrongful Conviction Project does not represent me.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

ODRC NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Sworn to and subscribed in my presence on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC