CONFIDENTIAL CASE INTAKE AND PRELIMINARY SCREENING FORM

Whole Truth Advocacy Group

Important Instructions

Please answer every question completely and truthfully. Write "N/A" if a question does not apply.

Submitting this form does not guarantee that our advocacy group will accept, investigate, refer, or assist with the case. Our group reviews each submission to determine whether the case appears appropriate for further consideration.

Please send copies only of supporting documents. Do not send original court records, evidence, photographs, recordings, or personal documents unless specifically requested.

SECTION 1: PERSON SEEKING ASSISTANCE

Full legal name: _____

Other names or aliases used: _____

Date of birth: _____

Prison or inmate identification number: _____

Current facility or address: _____

City, state, and ZIP code: _____

Expected release date, if known: _____

Telephone access: _____

Email address, if available: _____

Person Completing This Form

☐ Incarcerated person

☐ Family member

☐ Friend

☐ Attorney

☐ Pastor or community advocate

☐ Other: _____

Name of person completing form: _____

Relationship to the convicted person: _____

Telephone number: _____

Email address: _____

Mailing address: _____

SECTION 2: CASE IDENTIFICATION

State of conviction: _____

County or parish of conviction: _____

Court name: _____

Case number: _____

Judge's name, if known: _____

Prosecuting agency: _____

Prosecutor's name, if known: _____

Date of arrest: _____

Date of conviction: _____

Date of sentencing: _____

Type of Conviction

☐ Jury trial

☐ Bench trial

☐ Guilty plea

☐ Alford plea

☐ No-contest plea
☐ Other: _____

Offense or offenses of conviction:

Sentence imposed:

Is the individual currently serving this sentence?

☐ Yes
☐ No
☐ On probation or parole
☐ Sentence completed
☐ Other: _____

SECTION 3: STATEMENT REGARDING RESPONSIBILITY

Our program understands that not every person who has been convicted was wrongfully convicted. Please answer the following questions honestly.

Does the individual claim to be factually innocent of the offense?

☐ Yes
☐ No
☐ Partially
☐ Unsure

Did the individual participate in any part of the event connected to the conviction?

☐ Yes
☐ No
☐ Unsure

If yes, explain the person's actual involvement:

Is the individual claiming that another person committed the offense?

☐ Yes
☐ No
☐ Unsure

If yes, identify that person and explain the basis of the claim:

Is the individual claiming innocence, or only that the sentence was excessive or the process was unfair?

☐ Actual innocence
☐ Wrong person was convicted
☐ No crime occurred
☐ Self-defense or legal justification
☐ Evidence was insufficient
☐ Constitutional or procedural violation
☐ Excessive or unlawful sentence
☐ Ineffective assistance of counsel
☐ Other: _____

In the individual's own words, explain why the conviction was wrongful:

SECTION 4: SUMMARY OF THE INCIDENT

Date of the alleged offense: _____

Location of the alleged offense: _____

Please describe what happened from beginning to end. Include where the individual was, who was present, what the individual did or did not do, and how the individual became a suspect.

Was the individual at the scene?

☐ Yes
☐ No
☐ Unsure

Did the individual know the alleged victim?

☐ Yes
☐ No

If yes, explain the relationship:

Did the individual know any codefendant or alleged participant?

☐ Yes
☐ No

If yes, explain:

SECTION 5: EVIDENCE USED TO OBTAIN THE CONVICTION

Check every type of evidence used against the individual:

☐ Eyewitness identification
☐ Informant or jailhouse witness
☐ Codefendant testimony
☐ Confession or statement

☐ Police interview
☐ DNA evidence
☐ Fingerprint evidence
☐ Firearm or ballistics evidence
☐ Medical or forensic evidence
☐ Cellphone evidence
☐ Social-media evidence
☐ Video or surveillance footage
☐ Audio recording
☐ Drug evidence
☐ Documents or financial records
☐ Circumstantial evidence
☐ Other: _____

Describe the strongest evidence presented by the prosecution:

Did the individual confess or make an incriminating statement?

☐ Yes
☐ No
☐ Unsure

If yes, explain the circumstances. Include whether the statement was written, recorded, coerced, misunderstood, or later withdrawn:

Was any evidence presented that may have been false, misleading, unreliable, contaminated, altered, or improperly tested?

☐ Yes
☐ No
☐ Unsure

Explain:

SECTION 6: EVIDENCE SUPPORTING INNOCENCE OR RELIEF

What evidence supports the claim of innocence or wrongful conviction?

☐ Alibi evidence
☐ New witness
☐ Witness recantation
☐ DNA evidence
☐ Video or audio evidence
☐ Police misconduct
☐ Prosecutorial misconduct
☐ Withheld evidence
☐ False confession
☐ Mistaken identification
☐ Unreliable forensic evidence
☐ Ineffective assistance of counsel
☐ Newly discovered documents
☐ Another person confessed
☐ Change in law
☐ Sentencing error
☐ Other: _____

Describe the new or previously unavailable evidence:

When was this evidence discovered? _____

Who discovered it? _____

Why was it not presented at trial or before the guilty plea?

Where is the evidence currently located?

Has the evidence been preserved?

☐ Yes
☐ No
☐ Unsure

Could DNA, fingerprints, firearm evidence, electronic data, or other physical evidence still be tested?

☐ Yes
☐ No
☐ Unsure

Explain:

SECTION 7: WITNESSES

List every witness who may support the claim.

Witness 1

Name: _____

Contact information or last known location: _____

Relationship to the case: _____

What can this witness establish?

Did this witness testify previously?

☐ Yes
☐ No
☐ Unsure

Witness 2

Name: _____

Contact information or last known location: _____

Relationship to the case: _____

What can this witness establish?

Did this witness testify previously?

☐ Yes
☐ No
☐ Unsure

Witness 3

Name: _____

Contact information or last known location: _____

Relationship to the case: _____

What can this witness establish?

SECTION 8: DEFENSE ATTORNEY INFORMATION

Trial or plea attorney: _____

Telephone number, if known: _____

Appellate attorney: _____

Current attorney, if any: _____

Does the individual currently have legal representation?

☐ Yes
☐ No
☐ Unsure

Has an attorney reviewed the new evidence or current claim?

☐ Yes
☐ No

If yes, provide the attorney's name and conclusion:

What mistakes does the individual believe prior counsel made?

SECTION 9: APPEALS AND POST-CONVICTION HISTORY

Check every action that has been filed:

☐ Direct appeal
☐ State post-conviction petition
☐ Motion for new trial
☐ Federal habeas corpus petition
☐ DNA-testing motion
☐ Sentence-reduction motion
☐ Clemency or pardon application
☐ Conviction-integrity unit application
☐ Innocence organization application
☐ No previous filings
☐ Unsure
☐ Other: _____

For each filing, provide the following:

Type of filing: _____

Date filed: _____

Court: _____

Case number: _____

Outcome: _____

Date decided: _____

Was an appeal taken from that decision?

☐ Yes
☐ No

List any additional filings and outcomes:

Are any motions, appeals, or applications currently pending?

☐ Yes
☐ No
☐ Unsure

If yes, explain:

SECTION 10: IMPORTANT DEADLINES

Has the individual recently received a court decision, denial, mandate, or dismissal?

☐ Yes
☐ No

If yes, provide the date: _____

Is there a known filing deadline?

☐ Yes
☐ No
☐ Unsure

If yes, provide the deadline and type of filing:

Is an execution date scheduled?

☐ Yes
☐ No

If yes, provide the date immediately: _____

Is there any other urgent circumstance?

☐ Yes
☐ No

Explain:

SECTION 11: PRIOR APPLICATIONS FOR ASSISTANCE

Has this case been submitted to any of the following?

☐ Innocence Project
☐ Law-school clinic
☐ Conviction-integrity unit
☐ Public defender
☐ Private attorney
☐ Governor or clemency board
☐ Civil-rights organization
☐ Other advocacy organization
☐ None

Name of organization or attorney: _____

Date submitted: _____

Result or response received:

Was the case declined?

☐ Yes
☐ No

If yes, attach the rejection letter and explain the reason given:

SECTION 12: DISCLOSURE OF INFORMATION THAT MAY HARM THE CLAIM

Please disclose any fact that a prosecutor, court, witness, or opposing party could use against the claim.

Did the individual previously give a different version of events?

☐ Yes
☐ No
☐ Unsure

Has the individual admitted guilt to anyone?

☐ Yes
☐ No
☐ Unsure

Has any witness supporting the claim changed their story?

☐ Yes
☐ No
☐ Unsure

Does any supporting witness have a criminal record, personal relationship, financial interest, or other possible credibility concern?

☐ Yes
☐ No
☐ Unsure

Explain all potentially harmful information:

_____

_____

_____

SECTION 13: DOCUMENT CHECKLIST

Attach copies of as many of the following documents as possible:

☐ Charging document or indictment
☐ Judgment of conviction
☐ Sentencing order

☐ Plea agreement
☐ Trial transcript
☐ Plea transcript
☐ Sentencing transcript
☐ Police reports
☐ Witness statements
☐ Discovery materials
☐ Laboratory or forensic reports
☐ Medical examiner's report
☐ Photographs
☐ Appellate briefs
☐ Appellate court decision
☐ Post-conviction petitions
☐ Court orders and denials
☐ Attorney correspondence
☐ Evidence supporting innocence
☐ Letters from prior innocence organizations
☐ Prison disciplinary or programming records
☐ Other: _____

Do not send original documents or physical evidence.

SECTION 14: REQUESTED ASSISTANCE

What assistance are you requesting?

☐ Preliminary case review
☐ Assistance organizing records
☐ Identification of possible issues
☐ Referral to a licensed attorney
☐ Referral to a conviction-integrity unit
☐ Referral to an innocence organization
☐ Help obtaining court records
☐ Family advocacy and communication
☐ Clemency-support assistance
☐ Other: _____

What outcome are you seeking?

SECTION 15: AUTHORIZATION TO REVIEW AND VERIFY INFORMATION

I authorize the Post-Conviction Advocacy Program to review the information and documents submitted with this form.

I understand that the program may contact family members, witnesses, attorneys, courts, correctional institutions, community organizations, or other relevant persons for the limited purpose of evaluating whether the case is appropriate for advocacy or referral.

I understand that additional written authorization may be required before confidential, privileged, medical, correctional, or attorney records can be released.

Applicant's full name: _____

Signature: _____

Date: _____

Name of authorized family representative, if applicable:

Representative's signature: _____

Date: _____

SECTION 16: ACKNOWLEDGMENTS AND DISCLAIMERS

Please initial each statement.

_____ I understand that the Post-Conviction Advocacy Program is an advocacy and referral program and is not a law firm.

_____ I understand that submitting this form does not create an attorney-client relationship.

_____ I understand that communications with the advocacy program may not be protected by attorney-client privilege.

☐ I understand that the program cannot provide legal representation, appear in court, file legal pleadings, or give legal advice unless a licensed attorney has separately agreed to provide those services.

☐ I understand that submitting this form does not mean that my case has been accepted.

☐ I understand that the program may decline a case for any reason, including insufficient evidence, lack of available resources, deadlines, conflicts, credibility concerns, or because the matter falls outside the program's mission.

☐ I understand that I remain responsible for protecting all legal rights and meeting every court or filing deadline.

☐ I understand that the program does not promise release, exoneration, sentence reduction, a new trial, an investigation, or any particular result.

☐ I understand that all information provided must be truthful and complete.

☐ I understand that knowingly providing false or misleading information may result in immediate closure of the case review.

☐ I understand that the program may refer the case to an attorney, innocence organization, government office, or other qualified organization, but no referral guarantees acceptance.

SECTION 17: CERTIFICATION

I certify that the information contained in this intake form is true and complete to the best of my knowledge. I have disclosed facts that support the claim as well as facts that may weaken or contradict it.

Printed name: _____

Signature: _____

Date: _____

FOR ADVOCACY PROGRAM USE ONLY

Date received: _____

Intake number: _____

Reviewer: _____

Preliminary Eligibility Review

☐ Conviction information verified
☐ Judgment obtained
☐ Factual innocence claim identified
☐ Potential constitutional issue identified
☐ New evidence identified
☐ Witness information available
☐ Physical evidence may exist
☐ Filing deadline identified
☐ Attorney currently involved
☐ Prior applications reviewed
☐ Conflict check completed
☐ Additional records required

Initial Assessment

☐ Advance to full vetting
☐ Request additional information
☐ Refer to attorney
☐ Refer to innocence organization
☐ Refer to conviction-integrity unit
☐ Refer for clemency review
☐ Decline
☐ Hold pending records

Reason for decision:

Additional documents requested:

Follow-up date: _____

Final reviewer approval: _____