

The CSU|Law Terry Gilbert Wrongful Conviction Clinic Client Intake Form

The CSU|Law Terry Gilbert Wrongful Conviction Clinic will consider assisting incarcerated individuals with post-conviction relief if they have been convicted of a felony in Ohio and have a valid claim of actual innocence or manifest injustice. The Clinic cannot accept convictions outside of Ohio, civil cases, or cases in the appeals process.

Once the Clinic receives a completed Client Intake Form, the Clinic will evaluate your claim. Due to limited resources, the Clinic cannot pursue all claims submitted. Initial consultations to evaluate your claim do not constitute an agreement to accept a case or begin representation. Do not send additional documents or case materials, which will not be reviewed or returned.

If you would like your case reviewed, please fill out this form and return it to the Wrongful Conviction Clinic at the address provided below. Once you have completed the entire form, please send it to our office:

Wrongful Conviction Clinic
Cleveland State University College of Law
2121 Euclid Ave, LB 138
Cleveland, Ohio 44115

NOTICE: The CSU|Law Terry Gilbert Wrongful Conviction Clinic has signed a Joint Litigation, Common Interest, and Confidentiality Agreement with the following organizations: The Ohio Innocence Project, the Ohio Public Defenders Wrongful Conviction Unit, and the Cuyahoga County Public Defender's Office. This means that at times our Clinic may share information with the above organizations about cases to avoid duplication of efforts.

Information Release and Waiver

By signing below, I authorize the CSU|Law Terry Gilbert Wrongful Conviction Clinic ("the Clinic") to assign one or more law students, working under the direct and immediate supervision of an attorney, to investigate my case. This document authorizes any attorney, staff member, student, or volunteer working with the Clinic to communicate with any persons or government agencies regarding information relevant to the evaluation of my case, including, but not limited to, communication with prior counsel; prosecution; corrections, probation, and parole officers; and/or witnesses. In all other respects, my interactions with the Clinic will remain privileged and confidential.

I authorize any and all entities and persons, including, but not limited to, government agencies, my former attorney(s), investigators(s), police, probation and parole officers and officials, to release to the Clinic or to its staff or student representatives or volunteers, any and all records, files, reports, and information of any kind related to me or to any criminal case involving me, including, but not limited to, police reports, witness statements, post-conviction pleadings, and correctional records, pre-sentencing reports, and other documents in prison social services and legal files, legal papers, court documents, medical records, laboratory analyses, probation reports, attorneys' files and records, and any other information necessary to the Clinic's work on my behalf. I understand 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 so that confidential information can be shared with the Clinic. I understand that any records released to the Clinic will remain the property of the Clinic and will not be released to me.

This document serves as authorization only for the Clinic's evaluation and investigation of my case. **I understand that by conducting an initial investigation, the CSU|Law Terry Gilbert Wrongful Conviction Clinic is not agreeing to represent me.** I recognize and acknowledge that the Clinic does not represent me at this time, and that the Clinic will only examine my case to determine if representation is appropriate at a later date. I understand the Clinic does not represent me as an attorney unless and until a representation agreement has been entered between myself and the Clinic. I further understand that the Clinic, at its sole discretion, may at any time determine that further investigation is not warranted, and is under no obligation to continue to represent me.

By signing below, I represent that this waiver is voluntary and given without any reservation, and that I have read and fully understand the information above. This authorization is effective until revoked by the undersigned in writing.

Signature: _____

Date: _____

Printed Name: _____

CLIENT INTAKE FORM

If you would like your case reviewed, please fill out this form and return it to the CSU Law Wrongful Conviction Clinic the address provided below. Please complete this application as fully as possible. If you do not know the answer to a question, respond with D/K. If a question is not relevant to your case, respond with N/A. Once you have completed the entire form, please send it to our office:

Wrongful Conviction Clinic
Cleveland State University College of Law
2121 Euclid Ave, LB 138
Cleveland, Ohio 44115

Name: _____ Inmate No.: _____

Social Security No: _____ Date of Birth: _____

Current Correctional Facility and Address:

Case Manager Name and Phone Number: _____

County of Conviction: _____ Arresting Police Dept.: _____

Date of Conviction: _____ Court Case Docket Number: _____

Primary Language: _____ Your Race: _____

- | | | |
|--|------------------------------|-----------------------------|
| 1. Were you convicted of a felony in Ohio? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Are you currently incarcerated? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Are you claiming actual innocence? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Are you claiming there was manifest injustice in your case? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Are you currently incarcerated on the charge(s) for which you have a claim of actual innocence or manifest injustice? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

6. Please fill out the following chart for ALL crimes for which you are CURRENTLY incarcerated.

Crimes you were convicted of at trial	Total Sentence (Years and Months)	Actual Innocence (Yes or No)	Manifest Injustice (Yes or No)	Pleaded Guilty (Yes or No)

7. Please fill out the following chart for ALL the crimes for which you have EVER been arrested and/or convicted.

Other arrests and/or convictions	Total Sentence (Years and Months)	Time Served (Years and Months)	Pleaded Guilty (Yes or No)

8. If you pleaded guilty to or accepted a plea agreement for any of the charges for which you claim innocence or manifest injustice, please identify the charge and explain why you entered that plea.

9. Has any new evidence proving your innocence or demonstrating manifest injustice become available since your conviction?

☐ YES

☐ NO

If YES, briefly describe this evidence.

I. CASE INFORMATION

10. Please use the space below to briefly explain **YOUR** version of the facts of your case.

11. Please use the space below to briefly explain what the **PROSECUTORS** say happened in your case.

12. Were you present at the scene of the crime at any time?

☐ YES

☐ NO

If YES, when were you there? (Check all that apply)

☐ Before

☐ During

☐ After

Explain your answer:

13. Please tell us where and when the crime you were charged with occurred. Provide the address or location of the crime and the time of day the crime occurred.

14. Please describe anyone else involved in the crime and how they were involved.

15. Please list the name(s), age(s), and race(s) of all the victims in the crime for which you were charged.

16. How did you know the victim(s)?

17. How did you become a suspect in this case? Explain why you believe you were charged with this crime.

18. Please explain your claim of actual innocence or manifest injustice in this case.

II. FACTS OF YOUR ARREST

19. What was the date and time of your arrest?

Day: Month: Year: Time:

20. Please explain how you were arrested.

21. Who were the investigating detectives on your case?

22. Did the police or investigating detectives interview you BEFORE you were arrested? ☐ YES ☐ NO
If YES, please indicate how many times and how long each interview lasted.

23. Did the police or investigating detectives interview you AFTER you were arrested? ☐ YES ☐ NO
If YES, please indicate how many times and how long each interview lasted.

24. When was the first time you spoke to your lawyer?

25. Was any part of the interview(s) recorded or videotaped? ☐ YES ☐ NO

If YES, do you have a copy of the interview? Audio or Video? ☐ YES ☐ NO

26. Did you provide a written statement? ☐ YES ☐ NO

If YES, did you sign it? ☐ YES ☐ NO

27. If you gave a statement in any form, please explain why you decided to give a statement, and briefly describe what you told the police.

28. Did you take a lie detector test? ☐ YES ☐ NO
If YES, what was the result? When and why did you take it?

29. Did any of the victims identify you?

☐ YES

☐ NO

If YES, please explain when, where, and how (for example, a line-up, photos, etc.).

30. Do you know of anyone who was asked to identify you, but could not?

☐ YES

☐ NO

If YES, who, when, and where?

31. Did anyone else identify you?

☐ YES

☐ NO

If YES, please explain who identified you: how, when, and where.

III. FACTS OF YOUR TRIAL

If you pleaded guilty or nolo contendere, please skip questions 32-52.

32. Who was your trial attorney? Was your attorney appointed to represent you or hired by you?

33. Who was the trial judge?

34. Who was the prosecuting attorney?

35. Were there multiple defendants in your case?

☐ YES

☐ NO

If YES, please list the names, contact information, prison number, and convictions for each person.

If YES, did they plead guilty or go to trial?

If YES, did any of your co-defendant(s) testify against you?

36. Please describe the defense that you or your attorney raised at trial. (For example, did you argue self-defense, present an alibi, say sex was consensual, you were misidentified, etc.).

37. Do you have an alibi to prove you could not have committed the crime?
If YES, please describe your alibi.

☐ YES

☐ NO

38. If you had an alibi, was it raised at trial?
If YES, how did you attempt to prove it?

☐ YES

☐ NO

If NO, why not?

39. Was your attorney aware of your alibi?
If NO, why not?

☐ YES

☐ NO

40. Did you testify on your own behalf at trial?
If NO, why not?

☐ YES

☐ NO

41. Did any of the alleged victims testify at trial?
If YES, please supply the names of and contact information for the victims.

☐ YES

☐ NO

42. Did any eyewitnesses testify on YOUR behalf?
If YES, please supply the names of and contact information for the witnesses.

☐ YES

☐ NO

43. Did any eyewitnesses testify on behalf of the PROSECUTORS?
If YES, please supply the names of and contact information for the witnesses.

☐ YES

☐ NO

44. Did any experts testify on YOUR behalf?
If YES, what did they say?

☐ YES

☐ NO

45. Did any experts testify for the PROSECUTORS?
If YES, what did they say?

☐ YES

☐ NO

46. Did any police informants or snitches testify against you at your trial?

☐ YES

☐ NO

If YES, who testified and what did they say?

47. Did anyone testify in exchange for leniency or a deal in their own case?

☐ YES

☐ NO

If YES, please identify the witness and explain.

48. Do you know of any reason why anyone who testified against you would lie?

☐ YES

☐ NO

If YES, please identify the witness and explain.

49. Did anyone testify that you admitted involvement in the crime?

☐ YES

☐ NO

If YES, please identify the witness and explain.

50. Please list anyone else who testified for the DEFENSE at your trial.

51. Please list anyone else who testified for the PROSECUTION at your trial.

52. Please describe the race and gender of the jurors at your trial, and how long it took the jury to return a verdict.

IV. EVIDENCE

53. Was any evidence—physical or biological—recovered from the crime scene?

☐ YES

☐ NO

If YES, please check all that apply:

<input type="checkbox"/>	Hair	<input type="checkbox"/>	Shoes
<input type="checkbox"/>	Semen	<input type="checkbox"/>	Shoeprints
<input type="checkbox"/>	Blood	<input type="checkbox"/>	Footprints
<input type="checkbox"/>	Fingernail Scrapings	<input type="checkbox"/>	Gloves
<input type="checkbox"/>	Fingerprints	<input type="checkbox"/>	Mask
<input type="checkbox"/>	Saliva	<input type="checkbox"/>	Hat
<input type="checkbox"/>	Skin	<input type="checkbox"/>	Drinking Containers
<input type="checkbox"/>	Gun	<input type="checkbox"/>	Cigarette Butt
<input type="checkbox"/>	Knife	<input type="checkbox"/>	Chewing Gum
<input type="checkbox"/>	Undergarments	<input type="checkbox"/>	Broken Glass
<input type="checkbox"/>	Sheets/Bedcover	<input type="checkbox"/>	Carpet/Rug

Other:

54. If the prosecution used any of the following to convict you, please check all that apply.

<input type="checkbox"/>	Fingerprints	<input type="checkbox"/>	Bite Mark Analysis
<input type="checkbox"/>	Bullet / Ballistic Comparison	<input type="checkbox"/>	Blood Typing (A, B, O, etc.)
<input type="checkbox"/>	Gunshot Residue (GSR)	<input type="checkbox"/>	Microscopic Fiber or Carpet Analysis
<input type="checkbox"/>	Microscopic Hair Comparison	<input type="checkbox"/>	Shaken Baby Syndrome
<input type="checkbox"/>	Arson Science	<input type="checkbox"/>	Other:

If you checked any boxes, please explain what was presented at trial:

55. Were any biological samples or bodily fluids found on the victim?
If YES, what was found?

☐ YES

☐ NO

56. Were any bodily fluids or biological evidence found on you?
If YES, what was found?

☐ YES

☐ NO

57. Were any biological samples taken from you?
If YES, what samples were taken?

☐ YES

☐ NO

58. If applicable, was a rape kit obtained from the alleged victim?
If YES, what samples were obtained (vaginal, anal, saliva, etc.)

☐ YES

☐ NO

59. Was testing performed on any of the biological evidence obtained for your trial?
If YES, please explain what was tested and what kind of testing was performed
(blood type, DNA, hair comparison, etc.)

☐ YES

☐ NO

If YES, did you ever see or were you told about the test results? If so, what did it say?

If YES, were the results used at trial?

If YES, do you know what lab or individual conducted the testing?

60. Please list any other evidence that you believe will assist us in our investigation. For each of these items, please indicate if it was used at trial.

61. Do you know whether any physical evidence is still available for testing?
If YES, please describe the evidence.

☐ YES

☐ NO

V. POST CONVICTION EVIDENCE

62. Do you have or know of any **NEW EVIDENCE** in your case?

Examples of new evidence may include: the ability to perform a DNA test that was not performed before trial; a change in key witness testimony, where they changed their story or recant their statement; a newly discovered witness; advances in science to either disprove the evidence presented at trial or support your defense; or evidence that supported your defense, but was not presented by your attorney at trial. These are only examples of new evidence and is not a complete list.

63. Do you know of any biological evidence of which you were aware at the time of trial but was not tested or evaluated?

☐ YES

☐ NO

If YES, please indicate what this evidence is and where it is located.

64. Do you believe this new evidence would have changed the outcome of your trial? ☐ YES

☐ NO

If YES, please explain.

65. Do you know who committed the crime for which you were wrongly convicted? ☐ YES

☐ NO

If YES, who was this person and why do you believe they were involved?

If YES, do you know how to contact them?

VI. PROCEDURAL HISTORY

66. Did you appeal your conviction(s)?

☐ YES

☐ NO

67. Besides your direct appeal, please list all other post-conviction motions and petitions filed in both state and federal court (for example, federal habeas corpus petition, motion for a new trial, etc.).

68. Do you have pending litigation in criminal or civil court?

☐ YES

☐ NO

If YES, please list the case(s) below.

69. Please list any attorneys and their contact information who have assisted you with any part of your case.

Name	Firm and Address	Phone Number	Currently Representing You? (Yes or No)

Have you applied to the Ohio Innocence Project or Ohio Public Defender's Wrongful Conviction Project? ☐ Yes ☐ No

If yes, are either of those organizations currently investigating your case or representing you? ☐ Yes ☐ No

70. Do you possess any documents provided by your attorneys ☐ YES ☐ NO
(for example, police reports, discovery, etc.?)

If YES, please list what you have below. **DO NOT SEND DOCUMENTS TO US AT THIS TIME.**

VII. PLEA AGREEMENT

If you pleaded guilty to the crime(s) with which you were charged, or to a lesser charge, please answer the following questions. If you went to trial, please skip questions #72-81.

71. When did you accept a plea bargain?

72. Did your attorney advise you to take a plea bargain? ☐ YES ☐ NO
If YES, did your attorney tell you why you should accept the plea bargain?

If NO, why did you choose to accept the agreement?

73. Did you tell you attorney you were innocent? ☐ YES ☐ NO

74. If English is not your first language, was your plea agreement explained to you in your first language? ☐ YES ☐ NO

75. If your plea was in writing, did you sign it? ☐ YES ☐ NO

If YES, was your attorney present? ☐ YES ☐ NO

76. Did you understand what you were signing? ☐ YES ☐ NO
If NO, why did you sign it?

77. Was the judge involved in your decision to reject or accept the plea agreement? ☐ YES ☐ NO
If YES, how was the judge involved?

78. Did the judge ask you if you understood the plea agreement? ☐ YES ☐ NO
If NO, did the judge tell you anything about your plea agreement?

79. Were you told that you could take back your guilty plea? ☐ YES ☐ NO
If YES, what were you told?

80. Did you try to take back your plea? ☐ YES ☐ NO
If YES, please explain why.

VIII. PERSONAL INFORMATION

81. What is your primary language?

82. What was the highest level of education that you completed?

83. Did you have a job at the time of your arrest?

☐ YES

☐ NO

If YES, please provide your job title and the name and address of your employer.

84. Have you ever received mental health treatment?

☐ YES

☐ NO

If YES, please describe below.

85. Please provide the names, addresses, and phone numbers of any family and friends or other individuals, not listed before, that you believe have information about your arrest, trial, or the crime for which you were convicted. Please note that by providing these names, you are granting us permission to talk to them about your case.

86. Please use this page to let us know anything else that helps to explain or prove your actual innocence or that manifest injustice occurred in your case. Use additional sheets of paper if necessary.

Signature: _____

Printed Name: _____

Date: _____