

**THE HAWAI'I INNOCENCE PROJECT
APPLICATION FOR ASSISTANCE**

THIS APPLICATION MUST BE COMPLETED AND SIGNED BY THE APPLICANT.

Please note: We only take cases from persons convicted in Hawai'i, in which there is a reasonable likelihood of success based on strong new evidence not available at trial. Please print neatly. If you need more space, please write on the backs of pages or use extra paper. If you do not know the answer to a question, just state that you don't know.

Return the completed Application and Release to: **The Hawai'i Innocence Project,**
2515 Dole St., Honolulu, HI 96822.

1. Your Full Name:		2. Prison #:	
3. Prison Address:			
4. Race/Ethnicity:*		5. Primary Language:	
6. Highest Level Completed In School:		7. Date of Birth:	
8. Your occupation before your conviction:			
9. Jurisdiction of Conviction: G First Circuit (O`ahu) G Second Circuit (Maui, Molokai, Lanai); G Third Circuit (Hawai'i Island) G Federal Court G Court Martial			
10. Your conviction date(s):			
11. Sentencing date(s):		12. Length of sentence(s):	
13. Minimum sentence:		14. Expected release date, if known:	
15. Are you currently incarcerated for the offense(s) for which you claim innocence? ___ Yes. ___ No. If the answer is no, do not continue. We regret that we cannot help you..			
16. Name, address, phone #, & relationship to you of an outside contact person:			

* Optional information - used for statistical purposes only.

17. If your case went to trial, was it: ___ A jury trial. ___ Judge only - no jury.
18. Judge's name:
19. Name(s) of prosecuting attorney(s): (list all)
20. Name(s) of defense attorney(s)? (list all)
21. What was the prosecution's theory of the case at trial – i.e., what did they say that you did to commit the crime or crimes for which you were convicted and for which you maintain your innocence?
22. What defense(s) did you or your attorney raise at trial: (Examples: You were not present at the scene of the crime; you were present, but the victim consented; mistaken identification; alibi, reasonable doubt, self defense, etc.)
23. Was anyone else also charged with involvement in the same crime(s)? ___ Yes. ___ No. If yes, give their name(s) and present location, if known:
24. Was anyone else alleged to have been involved in the crime(s), but not charged? ___ Yes. ___ No. If yes, please list their names and why they were not charged, if you know.
25. Please list all offense(s) for which you are incarcerated:

26. Are you innocent of all the above-listed offenses? ___ Yes. ___ No. (If the answer is no, please explain):

27. If you did not go to trial, did you plead: . ___ Guilty. ___ No Contest (Nolo Contendere)

28. If you pled guilty, or confessed to the crime, please explain why you did so:

29. Did you testify? ___ Yes. ___ No. If you did not testify, why didn't you testify?

30. Did any alleged victim or witness who identified you testify at trial? ___ Yes. ___ No.

31. If yes, who testified, and what did they say?

32. Who else testified against you, including police officers, forensics experts, and others?

33. Who testified for your defense, and what did they say?

34. Did you have more than one trial? ___ Yes. ___ No. If yes, please explain the circumstances (i.e., mistrial, case reversed and remanded for new trial, etc.), and give the dates of each trial.

35. Did you appeal your conviction(s)? ___ Yes. ___ No.

36. If yes, what was the date of the final decision on your appeal?

37. If no, why did you not appeal?

38. If you appealed, who represented you on the appeal(s)? Please provide name, address and phone number for each one.

39. List any motions, petitions, or other post-conviction pleadings (apart from the direct appeal) that you have filed or that have been filed on your behalf:

40. Have you applied to another Innocence Project or similar organization? Yes.
 No.

If yes, please list all the projects and organizations to which you have applied, and their responses.

41. Do you have a lawyer? Yes. No. If yes, please give the name, address and telephone number of the attorney or entity representing you:

42. If you have a lawyer, does he or she represent you in your innocence claim, or for some other matter? Yes, it is for my innocence claim. No, it is for some other matter

If it is for some other matter, (for example, family law matters, civil suit, etc.) please explain:

43. What were the facts of the crime(s) for which you are incarcerated, (dates, times, what happened, where the crime(s) happened, and what you were accused of doing:

44. Where were you at the time of the crime(s), and what were you doing?

45. If you were not present at the crime, give the name(s) and present contact information, if known, of any persons who could confirm where you were, and whether they testified at your trial.

46. When was/were the crime(s) discovered or reported?

47. When were you arrested for the crime(s)?

48. Who accused you of the crime(s)?

49. Why do you think that person accused you?

50. If no-one directly accused you, how did you come to the attention of the police?

50. What were the name(s) and age(s) of all alleged victims at the time(s) the offense(s) for which you were convicted:

51. Do you (or did you) know the victim(s)? ___ Yes. ___ No. If the answer is yes, how do/did you know the victim(s)).

52. Did any alleged victim or witness pick you out of a photo "lineup" (6-pack)? ___ Yes.
___ No. If yes, who identified you and who else was present, if you know?

53. Did any alleged victim or witness pick you out from an in-person lineup? ___ Yes.
___ No. If yes, who identified you, and what were the circumstances?

54. Were you questioned by police or other investigators? ___ Yes. ___ No. If yes, for
how long, and who was present during the questioning?

55. Did you sign any papers, give any statement, or any confession? ___ Yes. ___ No.
If yes, explain:

56. What physical evidence was used to convict you? (Examples: DNA testing, blood typing,
fingerprints, footprints, ballistics testing, fiber evidence, etc.)

57. What other evidence did the prosecutor use to convict you (Examples: confession,
eyewitnesses, statements made by you to other witnesses, possession of weapons or items
taken from a crime scene, etc.)

58. Is there evidence that was not known when you were convicted and that has not been considered by a court that could now help prove your innocence? ___ Yes. ___ No.

If yes, what is the new evidence, how did you learn about it, and why was it not considered at trial?

59. Is there physical evidence that you believe could now be scientifically tested to help prove your innocence? (i.e., semen stains, blood stains, hairs, weapons, etc .) ___ Yes. ___ No. If yes, what is the evidence?

60. Does the above-listed physical evidence still exist? ___ Yes. ___ No. ___ I don't know.

61. Were you ever notified that any physical evidence in your case would be destroyed? ___ Yes. ___ No. If yes, give details.

62. Do you have the trial transcripts and other documents such as police reports, lab reports, pleadings and any other documents pertaining to the case? ___ Yes. ___ No. If not, who has these documents: (name, address, and phone number):

63. Was any physical evidence collected by police or other investigators which was not used at trial? ___ Yes. ___ No. ___ I don't know. If yes, where do you think it is located?

64. Would you be willing to take a DNA test, if there is DNA evidence available in your case, knowing that the results could confirm your guilt or innocence? ___ Yes. ___ No.

65. Would you be willing to take a polygraph (lie detector) test? ___ Yes. ___ No.

66. Do you think you know who actually committed the crime(s) for which you are incarcerated? ___ Yes. ___ No. If yes, who do you think did it, and why do you think it was that person (or persons)?

67. Please add any other information you believe it would be helpful for us to know.

**NOTE: PLEASE DO NOT SEND TRANSCRIPTS OR OTHER
DOCUMENTS
EXCEPT THE OPENING BRIEF
UNLESS SPECIFICALLY REQUESTED**

CONSENT AND RELEASE
IMPORTANT: READ BEFORE SIGNING:

I, _____ (print name) hereby authorize the Hawai`i Innocence Project to assign one or more law students, working under the direct and immediate supervision of an attorney, to investigate my case. This includes, but is not limited to, authorizing correspondence and/or telephone calls to prior counsel, prosecutors, or witnesses. I authorize any and all entities and persons, including my former attorney(s), investigator(s), and appellate programs who worked on my case, to release to the Hawai`i e Project or to its staff or students, representatives, 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, postconviction pleadings, and correctional records, presentencing 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 Project'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 Hawai`i Innocence Project.

The Hawai`i Innocence Project and affiliated individuals reviews cases for the sole purpose of investigating claims of actual innocence. The Hawai`i Innocence Project does not act as legal counsel to any person whose case is being investigated, until and unless the Hawai`i Innocence Project, through its legal counsel or her designees, specifically agrees in writing to take on such representation. I understand that the Hawai`i Innocence Project does not represent me, and that by conducting an initial investigation, the Hawai`i Innocence Project is not agreeing to represent me. I further understand that at any point the Hawai`i Innocence Project, at its sole discretion, may determine that further investigation is not warranted, and is under no obligation to continue to investigate the matter or to represent me.

By my signature below, I represent that this waiver is voluntary and given without any reservation. This authorization is effective until revoked by the undersigned in writing.

Signature _____ Date _____

Return to: The Hawai`i Innocence Project
William S. Richardson School of Law
2515 Dole Street, Honolulu, HI 96822