



PLEASE HAND PRINT OR TYPE IN THE SPACES PROVIDED

***Please use additional paper if necessary, and make a copy if possible for your records

NAME: _____

IDENTIFICATION NUMBER: _____

ADDRESS: _____

TRIAL COURT (COUNTY): _____

TRIAL COURT CASE NO.: _____

APPELLATE COURT CASE NO.: _____

Please place an "X" next to each process you have completed:

- Trial
- Appellate Review
- Secondary Appellate Review
- 35(c) – Post-conviction Review

1. List the crimes of which you were convicted and the court in which you were convicted.

Crime	Court

2. For each conviction, please describe the defense you or your attorney raised at trial (*for example, were you wrongfully identified through eyewitness account?*).

Conviction	Defense Raised

3. Please fill in the (1) the year you were convicted, (2) the length of the sentence for each conviction, and (3) the time left on each sentence.

Year Convicted	Length of Sentence	Time Left to Serve

Additional Comments:

4. List the name, address, and phone number of every attorney who worked on your case (please indicate the stage at which each attorney worked on your case).

Name	Address	Phone Number	Stage of Case

5. Did you have a co-defendant(s)? _____
If yes, state his or her name(s), case number(s), and the defense(s) raised at trial.

8. State what physical or biological evidence you think can be tested, used, or examined that will show you are innocent (*For example: finger prints, blood, hair, saliva, vaginal swabs, anal swabs, semen stains, photographs, documents, clothing, recanting witnesses, or other objects or items*).

9(A). Describe any physical and/or biological evidence that was introduced at trial? (*For example: finger prints, blood, hair, saliva, vaginal swabs, anal swabs, semen stains, photographs, documents, clothing, recanting witnesses, or other objects or items*).

9(B). Describe any physical and/or biological evidence that potentially was available but was not presented at trial (*For example: finger prints, blood, hair, saliva, vaginal swabs, anal swabs, semen stains, photographs, documents, clothing, recanting witnesses, or other objects or items*).

12(A). Give the name, address, email address, and/or telephone number of all alibi witnesses or other defense witnesses who testified at trial:

Full Name	Address	Email	Phone Number

12(B). Give the name, address, email address, and/or telephone number of all potential alibi witnesses or other defense witnesses who did NOT testify at trial.

Full Name	Address	Email	Phone Number

13. Give the name of all prosecution witnesses who testified at trial and a brief summary of their testimony:

Witness Name: _____

Summary of Testimony: _____

Witness Name: _____

Summary of Testimony: _____

Witness Name: _____

Summary of Testimony: _____

Witness Name: _____

Summary of Testimony: _____

14. List all prior convictions, including the date of conviction, court, sentence, amount of time served, and name of the prison where time was served.

Prior Conviction	Date Convicted	Sentence	Time Served	Prison Name

15. Provide the name, address, email address, and/or telephone number of a contact person outside the prison system that we can contact to discuss your case, and state their relation to you:

Name: _____

Email: _____

Address: _____

Phone Number: _____

Relation: _____

16. Although we are not agreeing at this time to represent you, please sign below authorizing the Colorado Innocence Project to fully investigate your case in accordance with the below terms:

I GRANT PERMISSION TO THE COLORADO INNOCENCE PROJECT TO DISCUSS MY CASE WITH ANY PEOPLE RELEVANT TO MY CASE, INCLUDING MY FORMER OR PRESENT ATTORNEYS, FAMILY MEMBERS, OR OTHER PERSONS WHO MIGHT HAVE RELEVANT INFORMATION, AND TO ACCESS ANY RELEVANT RECORDS.

FURTHERMORE, I GRANT PERMISSION TO ALL PERSONS, INCLUDING ANY AND ALL ATTORNEYS WHO HAVE BEEN INVOLVED IN THE CASE, TO SPEAK WITH REPRESENTATIVES OF THE COLORADO INNOCENCE PROJECT, AND HEREBY WAIVE ANY PRIVILEGE THAT MIGHT OTHERWISE PROHIBIT THOSE PERSONS FROM SPEAKING ABOUT MY CASE WITH REPRESENTATIVES OF THE COLORADO INNOCENCE PROJECT.

Printed Name

Signature

Date

PLACE AN "X" NEXT TO THOSE DOCUMENTS YOU CAN MAKE AVAILABLE.

***Please do NOT send anything until we specifically request it.

_____ Hearing Transcript(s) (Please describe the type of hearing(s) – for example: suppression of evidence, admissibility of scientific tests, etc.):

_____ Trial Transcript(s)
_____ Police Report(s) (Please describe):

_____ Laboratory Report(s) (Please describe):

_____ Appellate Brief(s):
_____ Appellant (Defense)
_____ Respondent (Prosecution)

_____ Secondary Appellate Brief(s):
_____ Appellant (Defense)
_____ Respondent (Prosecution)

_____ Post-Conviction Brief(s):
_____ Appellant (Defense)
_____ Respondent (Prosecution)