

# THE ILLINOIS INNOCENCE PROJECT

## Information Sheet

### What is the Illinois Innocence Project?

The Illinois Innocence Project (IIP) is a non-profit organization dedicated to the investigation, litigation and exoneration of those who are actually innocent of the crimes for which they were wrongfully convicted.

### What is the cost to me?

IIP provides its services to applicants free of charge.

### What types of cases does the Illinois Innocence Project accept?

The IIP reviews cases where the applicant claims to be actually innocent of the crime(s) for which he or she is convicted. In order to challenge a conviction, there must be substantial new evidence to support a claim of innocence. This newly discovered evidence could be physical evidence that was not previously subjected to forensic examination, such as DNA testing. Newly discovered evidence may also include non-physical evidence, such as from an eyewitness who was previously unknown or a recantation from a victim, if such a recantation is supported by other new evidence. The IIP investigates cases where there is a substantial chance new evidence can be discovered.

### What types of cases does the IIP take?

The IIP is unable to represent all applicants who apply to our project; we are only able to become involved in a select number of cases.

The IIP MAY only consider your case if ALL of the following is true:

- The conviction is for a felony crime committed in the state of Illinois.
- You have eight (8) or more years left to serve on your sentence.
- You are claiming actual innocence in the case for which you are currently serving your sentence. Your claim cannot be based upon:
  - Insanity
  - Intoxication
  - Self-defense
  - That you were a minor actor in the crime
  - Admitting consensual sex
  - Wanting a sentence reduction
  - The belief that you should have been convicted of a different crime.
- You are not currently represented by an attorney.
- You are not currently awaiting trial or pursuing your direct appeal.

The IIP is unable to assist you in actions currently pending in court.

### Can the Illinois Innocence Project help me with other types of cases?

No. Due to the large number of requests that we receive and our limited resources, IIP is only able to assist in cases where the applicant is claiming actual innocence.

Please note this application does not establish an attorney-client relationship. We do not represent you at this time.



## How do I apply to the Illinois Innocence Project?

You may apply to the IIP by filling out an “Application for Assistance”. If you would like to request a copy of an application, you may request one by writing to the following address: Illinois Innocence Project, Institute for Legal, Administrative and Policy Studies, University of Illinois Springfield, One University Plaza, MS PAC 429, Springfield, IL 62703-5407.

## What should I expect if I apply to the Illinois Innocence Project?

### Application for Assistance

IIP’s process begins with our Application for Assistance. All persons seeking IIP’s assistance must fill out an application. We ask that all applicants complete the application to the best of their ability. If you are in need of a Spanish application, please let us know.

### IIP Initial Review

Once your application is returned to our office, it will be reviewed by our Intake Staff. Our Intake Staff reviews each application and case to determine if it meets certain basic program criteria, as well as if there is potential new evidence of innocence and a path forward where the IIP may be of assistance. (See the explanation of cases IIP accepts and does not accept above.) If so, you will receive a letter notifying you that your case will be placed on a list to undergo additional evaluation. If it is determined that the IIP cannot be of assistance, you will receive a letter notifying you that your case has been closed with our office.

### IIP Evaluation

If our Intake Staff decides that your case warrants further review, we will place your case on an Evaluation Waitlist. Please know that if your case is placed on the waitlist, the IIP does not agree to do anything other than evaluate your case further for potential claims of actual innocence. During this time, Intake Staff, students or volunteers will contact you and other investigating or state agencies to collect documents related to your case. Such documents may include transcripts, lab reports, police reports, etc. Please do **not** send documents unless requested by IIP. If at any time during this process you have upcoming court dates or deadlines, the IIP is unable to assist you with these matters.

Eventually, the cases on our waitlist will be assigned to staff, students and volunteers, working under the supervision of an attorney, to be evaluated. This evaluation is an in-depth review of your case documents that we gathered. This process is lengthy and cases on the Evaluation Waitlist may take years before a decision is made regarding whether or not legal assistance can be offered. Due to limited staff and resources, we unfortunately may not be able to reply to every follow-up letter we receive and cannot give you a specific date when IIP will reach a decision regarding whether or not we can assist you.

## How can I contact the Illinois Innocence Project?

The IIP prefers to respond to requests and questions from inmates via mail. We will speak with any person to whom you have given us permission in writing. The IIP’s mailing address is: Illinois Innocence Project, Institute for Legal, Administrative and Policy Studies, University of Illinois Springfield, One University Plaza, MS PAC 429, Springfield, IL 62703-5407; email: [iip@uis.edu](mailto:iip@uis.edu) Please make sure to mark you letters “Legal Mail.” This mail should be treated as confidential and privileged. **WE CANNOT ACCEPT CALLS FROM PRISONERS THAT ARE NOT SET UP THROUGH LEGAL CHANNELS**

## Where can my family and friends find more information?

More information may be found on the internet at: <https://www.uis.edu/illinoisinnocenceproject/>

Please note this application does not establish an attorney-client relationship. We do not represent you at this time.



# ILLINOIS INNOCENCE PROJECT

## Application for Assistance

This form does NOT establish an attorney-client relationship between you and IIP, including its staff, students, and volunteers who may assist in screening or investigating your case, nor does it constitute an agreement to provide legal representation. Your information, however, will remain confidential and be treated as privileged.

If the IIP agrees to take your case in the future, the terms of our representation will be explained to you at that time, and you will be provided with a written agreement stating the extent of our representation. This Application for Assistance is used only to begin a preliminary screening of your claim so that we may consider providing legal representation. By returning this form and the attached authorizations you are voluntarily providing information to the IIP for evaluation purposes and giving permission to the IIP to speak to any individuals, groups or organizations necessary to conduct the screening and investigation.

**DO NOT SEND ADDITIONAL INFORMATION.** We will **NOT** accept or review any documents other than this application, therefore, please note that we are not responsible for the retention or return of any documents you send. Should we need additional information, we will contact you.

By signing and returning our Application for Assistance, you acknowledge that you have read, understood, and agreed to the above and allow the IIP to screen and potentially investigate your claim of innocence to determine whether we can represent you.

<b>FILLED OUT BY APPLICANT</b>
Signature:
Printed name:
IDOC number:
Date:
Did you get help filling out this application? If yes, who/how?
_____
_____

<b>FILLED OUT BY IIP</b>
File number:
Date received:
Database number:

**Instructions (please read completely before continuing)**

Please fill out the following questions to the best of your ability. You don't need to fill out a question if you don't have an answer, or don't understand what is being asked. Even if you leave sections blank you can still turn in the application. However, the more information and detail you can give us, the easier it is for us to evaluate your application.

Contamos con una versión en Español de este documento. Si quiere uno, por favor avísenos.

If you speak a language other than English or Spanish and need language assistance, please write the name of the language here: \_\_\_\_\_

**General Information**

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Is English your first language? Yes  No

If not, what is your first language? \_\_\_\_\_

How well can you read or write? \_\_\_\_\_

Do you have any disabilities (physical, mental, or learning)? Yes  No

If yes, please list: \_\_\_\_\_

**Offense Information**

Offense(s): \_\_\_\_\_

Trial Case Number: \_\_\_\_\_

Did you have a: **jury trial**  **bench trial** (judge only)  took **plea deal**

Sentence(s): \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ County of arrest: \_\_\_\_\_

Arresting police department: \_\_\_\_\_

Are you claiming actual innocence? Yes  No

Does (or could) your case involve DNA evidence? Yes  No

Are you currently in contact with any other innocence organization(s)? Yes  No   
If yes, please list:

Are you currently represented by an attorney related to this case (including appeal, post-conviction, or habeas corpus petition)? Yes  No

If yes, please list his/her name and contact information:

**Trial Defense Attorney**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Trial Prosecutor**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Appellate Defense Attorney**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Appellate Prosecutor**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Post Conviction (Defense) Attorney**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Trial Judge**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

If you have been convicted of any **prior offenses** (not related to this case) please list them below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Victim Information**

Victim(s) name(s), age(s) and race: \_\_\_\_\_

\_\_\_\_\_

Did the victim know you? Yes  No

If yes, what was your relationship to the victim? \_\_\_\_\_

Did the victim identify you? Yes  No

If yes, when did the victim identify you, and how (in person, photo array, lineup, other)? \_\_\_\_\_

Did the victim testify at trial? Yes  No

Did the victim identify you in court? Yes  No

### **Co-Defendant Information**

If you **don't have any co-defendants**, you may **skip** this section and move onto the next one. If you did have co-defendant(s), please answer to the best of your ability.

Were you with your co-defendant(s) at the time of the crime? Yes  No

Name of Co-Defendant: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Testified at trial? Yes  No

If **yes**, testified for: *Prosecution/State* *Defendant/Defense*

Did they receive leniency or a reduced sentence because they testified? Yes  No

Summary of their testimony: \_\_\_\_\_

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

Name of Co-Defendant: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Testified at trial? Yes  No

If **yes**, testified for: *Prosecution/State* *Defendant/Defense*

Did they receive leniency or a reduced sentence because they testified? Yes  No

Summary of their testimony: \_\_\_\_\_

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

Name of Co-Defendant: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Testified at trial? Yes  No

If **yes**, testified for: *Prosecution/State* *Defendant/Defense*

Did they receive leniency or a reduced sentence because they testified? Yes  No

Summary of their testimony: \_\_\_\_\_

---

---

### **Innocence Claim**

Please **circle** all that apply to your claim of innocence.

- DNA will prove my innocence.*
- The victim lied about the incident.*
- The victim(s) made a mistake and misidentified me as being involved in the crime.*
- An eyewitness made a mistake and misidentified me as being involved in the crime.*
- Someone else admitted to committing the crime and said I was involved.*
- An alibi will prove my innocence.*
- A jailhouse informant lied about the statement I made.*
- The victim has recanted.*
- Witnesses favorable to me did not testify at trial.*
- I gave a false confession*
- I was convicted based on inaccurate scientific testing.*
- I believe I received ineffective assistance of counsel.*
- Jury bias.*

### **Case Information**

To evaluate your claim of innocence, please describe the facts of crime that you were convicted of. Please explain if you were involved in the crime in any way.

---

---

---

---

---

---



## Investigation Information

Who investigated your case for the police department or government agency? Please give the name and department for each individual.

---

---

Did you have contact with an Assistant State's Attorney (ASA) during the investigation?

Yes  No

If yes, name of State's Attorney: \_\_\_\_\_

Did the police interview you before you were officially arrested? Yes  No

If yes, how many times and how long did the interviews last (minutes, hours)?

---

Did you give them a statement? Yes  No

Date(s) and Time(s) of Statement(s): \_\_\_\_\_

How and when did you become a suspect? \_\_\_\_\_

---

Were there any other suspects the police investigated? Yes  No

If yes, who? \_\_\_\_\_

Why did the investigation into this person stop? \_\_\_\_\_

---

Was anyone else arrested for this crime? Yes  No

If yes, when? \_\_\_\_\_

Did you ask to speak with a lawyer prior to, or during the police interview? Yes  No

If yes, did the police interview stop when you asked for a lawyer? Yes  No

Did you get to speak to him/her? Yes  No

If not, when was the first time you spoke to your lawyer? \_\_\_\_\_

Were you read your *Miranda* rights? Yes  No

Did you understand your *Miranda* rights? Yes  No

Did you waive your *Miranda* rights? Yes  No

Why did you give the statement(s) to the police? \_\_\_\_\_

---

If you gave a statement to police, please summarize it below, and whether it was truthful.

---

---

---

Did the police interviewer(s) provide you with any details about the crime that you didn't know? Yes  No

Was the statement you gave to the police in writing? Yes  No

If yes, who wrote the statement? \_\_\_\_\_

Did you sign the statement? Yes  No

If yes, was your lawyer present? Yes  No

Were any of your statement(s) or interrogations audio or video recorded? Please **circle** your answer.

- Only audio** recorded.
- Only video** recorded.
- Both audio and video** recorded.
- Neither**

Were any statements you made to the police used against you at trial? Yes  No

### **Guilty Plea**

If you **did not plead guilty**, you may skip these questions and move onto the next section.

Did you understand the charges against you? Yes  No

Did you understand the plea agreement they gave you? Yes  No

Why did you enter a guilty plea? \_\_\_\_\_

If you remember, what were the terms of the plea? \_\_\_\_\_

Did you try to withdraw your guilty plea? Yes  No

If yes, please explain: \_\_\_\_\_

---

### **Trial and Testimony Information**

Did your lawyer put on a defense at trial? If yes, what was the defense?

---

---

Did you testify at your trial? Yes  No

If yes, what did you testify and say? \_\_\_\_\_

---

Who **testified against you** at trial? Please give their name and a brief description of their testimony. Do not include experts such as forensics witnesses.

**Name:** \_\_\_\_\_

Contact Info: \_\_\_\_\_

Testimony: \_\_\_\_\_

---

**Name:** \_\_\_\_\_

Contact Info: \_\_\_\_\_

Testimony: \_\_\_\_\_

---

**Name:** \_\_\_\_\_

Contact Info: \_\_\_\_\_

Testimony: \_\_\_\_\_

---

**Name:** \_\_\_\_\_

Contact Info: \_\_\_\_\_

Testimony: \_\_\_\_\_

---

Who **testified for you** at trial? Please give their name and a brief description of their testimony. Do not include experts such as forensics witnesses.

**Name:** \_\_\_\_\_

Contact Info: \_\_\_\_\_

Testimony: \_\_\_\_\_

---

**Name:** \_\_\_\_\_

Contact Info: \_\_\_\_\_

Testimony: \_\_\_\_\_

**Name:** \_\_\_\_\_

Contact Info: \_\_\_\_\_

Testimony: \_\_\_\_\_

**Name:** \_\_\_\_\_

Contact Info: \_\_\_\_\_

Testimony: \_\_\_\_\_

Did the Prosecution/State have any jailhouse snitches testify against you? Yes  No

If yes:

**Name:** \_\_\_\_\_

Testimony: \_\_\_\_\_

**Name:** \_\_\_\_\_

Testimony: \_\_\_\_\_

**Name:** \_\_\_\_\_

Testimony: \_\_\_\_\_

**Name:** \_\_\_\_\_

Testimony: \_\_\_\_\_

If any **expert witness(es)** testify for either the Prosecution/State OR the Defense at trial, please provide as much information as you can about the expert witness(es), and which side they testified for.

**Name of Expert:** \_\_\_\_\_

Testified for: Prosecution/State  Defense

Testimony: \_\_\_\_\_

**Name of Expert:** \_\_\_\_\_

Testified for: Prosecution/State  Defense

Testimony: \_\_\_\_\_  
\_\_\_\_\_

**Name** of Expert: \_\_\_\_\_

Testified for: Prosecution/State  Defense

Testimony: \_\_\_\_\_  
\_\_\_\_\_

Did anyone who testified, including the victim, have a reason to lie? Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

Did any witnesses admit during trial that they were getting a deal to testify against you?

Explain: \_\_\_\_\_  
\_\_\_\_\_

### **Alibi Information**

Where were you at the time of the crime? Do you have an alibi?

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

Do you have any alibi witnesses who can confirm your alibi? Yes  No

Do you have any alibi witnesses that were unknown until now or did not testify at trial?

Yes  No

If yes, please list their name(s) and contact info:

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

Were you ever at the crime scene before, during, or after the crime occurred?

\_\_\_\_\_

Were you with the victim(s) at the time the crime occurred? Yes  No

## **Physical Evidence**

The following questions are technical. Physical evidence means: DNA, fingerprints, hair, ballistics, etc. Only answer the question(s) if you understand them. It is okay if you don't understand them, do not feel obligated to fill them in.

What physical evidence did the State/Prosecution use at trial to establish your guilt?

---

---

What physical evidence did your Defense counsel use at trial to establish your innocence?

---

---

Have you made any post-conviction requests for biological, DNA, or forensic testing?

Yes  No

If yes, what evidence did you request to have tested?

---

What were the results of the testing, if any?

---

To the best of your knowledge, which of the following were used at your trial, if any? Please **circle** all that apply.

- |   |   |   |
|---|---|---|
| <input type="radio"/> <i>Hair microscopy</i>      | <input type="radio"/> <i>Blood analysis</i>       | <input type="radio"/> <i>Ballistics testing</i>   |
| <input type="radio"/> <i>Bite mark testimony</i>  | <input type="radio"/> <i>Shoe print analysis</i>  | <input type="radio"/> <i>Arson science</i>        |
| <input type="radio"/> <i>Handwriting analysis</i> | <input type="radio"/> <i>Fingerprint matching</i> | <input type="radio"/> <i>Shaken Baby Syndrome</i> |

## **Procedural Information**

Which court proceedings have you completed, or are currently in the process of doing? Please **check** all that apply and provide us any information you have to the best of your knowledge.

**Trial**

Case Number: \_\_\_\_\_

Date decided: \_\_\_\_\_

**Direct Appeal:**

Case Number: \_\_\_\_\_

Date decided: \_\_\_\_\_

**Post Conviction Petition(s):**

Case Number(s): \_\_\_\_\_

Date decided: \_\_\_\_\_

**Writ of Habeas Corpus:**

Case Number: \_\_\_\_\_

Date decided: \_\_\_\_\_

**Clemency Petition:**

Case Number: \_\_\_\_\_

Date decided: \_\_\_\_\_

**New Evidence**

What physical evidence exists that wasn't introduced at your trial, or any proceeding or petition after trial?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has it been tested? Yes  No

Do you know if it is still available for testing? Yes  No  Unsure

Since your trial, has a victim or witness recanted or changed their story? Yes  No

If yes, please list their name and what they are now saying:

\_\_\_\_\_

\_\_\_\_\_

---

Has this recantation been used in any proceeding or petition? Yes  No

Do you have any affidavits that would help prove your innocence? Yes  No

Have those affidavits been used in any proceeding or petition? Yes  No

Do you know who committed the crime(s) you were convicted of? Yes  No

If yes, please list their name(s) and what you know about them:

---

---

---

Has any other information come up since your trial that could help us prove your innocence?

---

---

---

---

Please feel free to use this next page for additional writing space, or to provide additional information which we did not explicitly ask for in the application. If you are continuing a response from another question, please write the question in its entirety before continuing your response. Is there anything else you want to tell us or that we haven't asked in this application?

---

---

---

---

---

---



# Attorney Release of Information Form

I, \_\_\_\_\_, hereby authorize the following attorney(s):  
(Your Name)

(On the lines below, you should list all of your previous or current attorneys who you want for the Illinois Innocence Project (IIP) to be able to speak with and receive documents from, or you can simply write “*all my current and former attorneys*” if you want IIP to be able to speak with all of your attorneys):

---

---

---

---

To release to the Illinois Innocence Project (IIP), or to its staff or student representatives, any and all records, files, reports, and information of any kind related to me or to any criminal or civil case involving me. I further authorize and request that my former or current attorneys cooperate and interact fully with the IIP. Further, they are free and encouraged to also verbally share with the IIP all information pertaining to me and the cases upon which they previously or currently represent me.

I fully understand that 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. By my signature below, I represent that this waiver is voluntary and given without any reservation.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .  
(Day) (Month) (Year)

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Your Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Printed Name

# Records Release Form

Your Name: \_\_\_\_\_

**Please check all that apply:**

- Psychiatric/Psychological/Mental Health:** Including psychotherapy and group notes, intake and discharge, medications and labs.
- All Medical Records:** From date of initial evaluation and treatment, including but not limited to chart notes, billing records, labs, x-rays, psychiatric/psychological/mental health records/alcohol, STD/HIV and AIDS records, and prescribed medications.
- Drug/Alcohol:** Diagnosis, treatment, testing, counseling notes, intake, discharge from date of initial evaluation to the present.
- Sexually Transmitted Disease:** Diagnosis, treatment, testing from date of initial evaluation to the present.
- Other:** Including but not limited to birth, marriage, death, adoption, academic, correctional, employment, juvenile, social security administration, law enforcement, military, probation, Child Protective Services, private and governmental social service records, foster care, children and family services, including records prepared, received and maintained in connection with prior/pending civil, juvenile or criminal litigation.

The purpose for requesting this information is possible introduction as evidence in post-conviction or other proceedings relative to claim of innocence, and/or use by experts or other personnel deemed necessary by IIP, pertaining to \_\_\_\_\_. Possible re-release of these records may occur if deemed necessary by the IIP. It is understood the person authorizing the release of this information has the right to inspect and copy the information to be disclosed. The consequences, if any, of not signing this release include (but are not limited to) the following: Inability of defense team to properly present evidence relative to the claim of actual innocence, inability of IIP staff or outside experts to properly prepare for post-conviction or other proceedings. Re-disclosure of material will occur as deemed necessary by the IIP.

I understand I have the right to revoke this authorization at any time. I understand if I revoke it, I must do so in writing and present my written revocation to Illinois Innocence Project, c/o University of Illinois Springfield, One University Plaza, PAC 429, Springfield, IL 62703-5407, and to the healthcare provider releasing the information. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand that the above persons or organization authorized to make the requested disclosure may not condition treatment or payment upon completion of this form. This consent will remain valid until \_\_\_\_\_ and may be revoked at any time except to the extent that action has already been taken. A copy of this consent shall be as effective as the original.

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## Third Party Release of Information Form

Please indicate any family members, friends or other persons whom you wish for us to share information.

I, \_\_\_\_\_, hereby consent to and authorize the Illinois Innocence Project to release the following information to the individuals described below:

Information to be Released (Check as many as apply):	Name of Party and Relationship
<input type="checkbox"/> Case Status <input type="checkbox"/> Receipt of Documents <input type="checkbox"/> DNA Testing Status	
<input type="checkbox"/> Case Status <input type="checkbox"/> Receipt of Documents <input type="checkbox"/> DNA Testing Status	
<input type="checkbox"/> Case Status <input type="checkbox"/> Receipt of Documents <input type="checkbox"/> DNA Testing Status	
<input type="checkbox"/> Case Status <input type="checkbox"/> Receipt of Documents <input type="checkbox"/> DNA Testing Status	
<input type="checkbox"/> Case Status <input type="checkbox"/> Receipt of Documents <input type="checkbox"/> DNA Testing Status	

This communication does not create an attorney-client relationship. Further investigation will be conducted regarding your claim of actual innocence.