

TEXAS PRISONER INNOCENCE QUESTIONNAIRE

If you want to make an innocence claim, you should first read Chapter 13 of the Offender Legal Handbook, Eleventh Edition. The Offender Legal Handbook is in your unit law library.

If you think you meet the requirements and criteria for making a claim of innocence, fill out the Texas Prisoner Innocence Questionnaire (TPIQ), along with the Consent for Release of Information, and send them to an innocence clinic. Follow the mailing instructions which you will find near the end of the TPIQ. If you do not know the answer to a question, simply say "I do not know." Whenever you are given a choice for an answer (for example, YES or NO) circle the correct answer.

You should not fill out the TPIQ unless you are innocent of the crime(s) holding you in prison. Courts require new, clear and convincing evidence that proves your innocence. "New evidence" means evidence that was not available at the time of trial and was not considered by the court. If your case does not meet the definition above, no new evidence exists to prove your innocence, or the evidence available does not meet a clear and convincing standard, the law school clinics will not take your case. Use your best hand writing. If they can't read it, they can't help you. If you run out of space, write "see attached." On a clean sheet of paper, write the corresponding number of the question you are finishing and complete your answer. If you need more than one additional page of paper to explain a question you are probably writing too much. Keep it short and to the point!

You may need to fill out more than one TPIQ if you are claiming innocence on more than one conviction. Use the following examples to know whether to fill out more than one TPIQ:

- if you were charged with the kidnapping and aggravated sexual assault in an incident that involved a single victim, fill out only one TPIQ.
- if the conviction involves multiple counts against the same victim (for example, sexual assault of the same child on different days), fill out only one TPIQ.
- if you were convicted in two or more sexual assaults, involving different victims who were attacked at different times, fill out a TPIQ for each conviction.

TEXAS PRISONER INNOCENCE QUESTIONNAIRE

- I. APPLICANT CHECKLIST- Check “yes” or “no” for each question below as it relates to the conviction you are claiming innocence for. If you are claiming innocence on more than one conviction, reread the first page to see if you need to fill out a separate TPIQ for each conviction.**

YES	NO	THE CRIME YOU CLAIM INNOCENCE FOR:
		Was it committed in Texas?
		Was it for an offense that occurred while in custody?
		Is it a FELONY?
		Is it a FEDERAL conviction?
		Is it a DEATH PENALTY conviction?
		Is it a drug-related conviction?
		Did you plead GUILTY, NO CONTEST or NOLO CONTENDERE?
		Have you exhausted your direct appeals?
		Do you currently have a state and/or federal writ pending?
		Are you currently represented by an attorney?
		Have you ever been released to parole/probation on the conviction?
		If you were released to parole/probation on the conviction, was that parole/probation ever revoked?
		If your parole/probation was revoked, is the innocence claim on the underlying offense (not on the reason for the revocation)?
		Are you currently incarcerated?

I. PERSONAL INFORMATION

- A. Full name (first, middle, last): _____
- B. Date of birth: _____
- C. TDCJ number: _____
- D. Current unit and mailing address:
- E. Email address (if any):
- F. What was your Driver’s License Number at the time of conviction (even if now currently invalid)? _____ State of issuance: _____

G. Closest relative or personal friend for contact outside of prison (name, relationship, address, phone #):

H. What is your primary/first language? _____

I. What was the highest grade you completed in school? _____

J. Have you been given an IQ Test? Yes No If yes, what was your score? _____
Who gave the test and what year?

K. Please list the school(s) you have attended:

L. Are you currently represented by an attorney or innocence organization?
Yes No

If yes, list the name, address, and phone number of the attorney or organization and describe the proceedings in which you are represented:

M. Have you ever been diagnosed with a mental problem (for example, schizophrenia, bipolar, etc.)? Yes No
If yes, what was the diagnosis, who made it, and when?

N. What kind of legal help do you want (DNA motion, state writ, clemency, etc)?

II. CURRENT CONVICTION INFORMATION

A. List all convictions for which you are currently incarcerated. Provide the offense type, date of offense, length of sentence, county of conviction and cause number.

B. For the conviction that you are claiming innocence, fill out the chart below. Reread the instructions on the first page to see whether you need to fill out a separate TPIQ if you have more than one conviction that you are claiming innocence for. If you are filling out more than once TPIQ, be sure to send all the TPIQs to the same clinic at the same time.

Offense	
City, County	
Trial Cause Number	
Offense Date	
Arrest Date	
Conviction Date	
Conviction By (circle one)	PLEA BENCH TRIAL JURY TRIAL
Sentence Length	
Parole Eligibility Date	
Sentence Discharge Date	
Are you claiming self-defense	YES NO
Are you Innocent? (circle one)	YES NO

III. INNOCENCE CLAIM (check all that apply to your claim of innocence)

_____ **DNA will prove my innocence**

_____ **An alibi will prove my innocence**

_____ **The victim(s) mistakenly identified me as the criminal actor**

_____ **The victim has recanted**

_____ **The victim lied about the incident**

_____ **There are additional witnesses who never testified**

_____ **Someone else has admitted committing the crime and said I was not involved**

_____ **I gave a false confession**

_____ **Other:** Explain, describing what new evidence exists that would lead to proof of innocence:

- A. Describe what the police or prosecutor say you did to commit the crime for which you were convicted but are claiming innocence. If you were charged as an accomplice, or as a party-to-the-crime, describe what role they say you played in the offense.

- B. Describe your version of events. Include a detailed description of what you were doing that day, what happened, and any other information you feel is important, including why you think important information was not presented on your behalf.

IV. LAW ENFORCEMENT INVESTIGATION/EVIDENCE

- A. List the law enforcement agency that investigated the crime and the names of the investigating officers if you know them:

- B. How did you become a suspect in the investigation?

- C. To your knowledge, were there any other suspects the police investigated? If so, whom?

- D. To your knowledge, why did the investigation into that person stop?

- E. Why do you think the “victim(s)” made complaints against you?
- F. When was the first time you spoke with your trial lawyer?
- G. Did the police or investigating detective(s) ever interview you, and if so, how many times were you interviewed?
- H. How long were the interviews?
- I. Did you ask to speak to a lawyer during the interview(s)? Yes No
If so, did the interview stop when you requested your lawyer? Yes No
- J. Did you sign any papers during the interview, and if so, what did you sign?
- K. Did you sign any papers after the interview, and if so, what did you sign?
- L. Did you give a confession or make statements to investigating officers? Yes No
If yes:
1. Please give a detailed description of what you told officers:

2. Why did you give the statement?

3. Was it a written statement? Yes No
If it was written, did you sign it? Yes No
4. Was your lawyer with you when you signed the statement? Yes No
5. Was the statement admitted at trial? Yes No

M. Please list the name(s) of all co-defendants (others who were charged with the same crime) or other suspects investigated for this crime:

N. Do you know if the co-defendant(s) were offered anything in exchange for their testimony, and if so, what were they offered?

O. What sentence(s) did the co-defendant(s) receive? Where are they now?

P. Please list the name(s) of all alleged victim(s) of the offense for which you were convicted:

Q. Did any eyewitnesses identify you, and if so, when and where? (for example, at the scene of the crime, photo line up, in court, other)

R. Did anyone else identify or implicate you, and if so, who, where, when?

S. If someone identified you, specify who it was and whether they testified.

V. COURT PROCEEDINGS

A. Pre-Trial:

1. Were you offered a plea? Yes No What was it? _____

2. Did you take the plea agreement? Yes No

Why or why not?

Circle your final plea: NOT GUILTY GUILTY NOLO CONTENDERE

3. Name, address and phone number of trial lawyer:

Circle one: RETAINED APPOINTED PRO BONO

4. Name, address, and phone number of any investigator (other than police officers) who worked on your case:

5. Name(s) of the prosecuting District Attorney(s) on your case:

6. Name of the judge presiding in your case:

B. Trial Information (skip if you took a plea and go to C., below):

1. Did you testify? Yes No

If no, why not?

2. Did the "victims" testify? Yes No

3. Did any surviving family member or friend give a victim impact statement, and if so, who?

4. List the witnesses that testified for the STATE, how they are related to the case, and briefly describe the testimony of each witness:

5. Did any expert(s) testify for the STATE (for example, a doctor, handwriting expert, scientist, etc.)? Please provide the name of the expert, what kind of expert testified, address, and telephone number.

6. List the witnesses that testified for the DEFENSE, how they are related to the case, and briefly describe the testimony of each witness:

7. Did any expert(s) testify for the DEFENSE (for example, a doctor, handwriting expert, scientist, etc.)? Please provide the name of the expert, what kind of expert testified, address, and telephone number.

C. Evidence (answer even if you took a plea):

1. Physical Evidence/Non-Biological. Was any physical/non-biological evidence recovered (for example, fingerprints, weapons, fibers, tire tracks, etc.) during the investigation of your case? Yes No

If yes, please describe:

Was that evidence used at trial? Yes No

2. Biological Evidence. Was any biological evidence (DNA) recovered during the investigation of your case? Yes No

If yes:

- a. Were any bodily fluids or hair samples obtained from the victim, and if so, what samples were obtained? (for example, vaginal swabs, anal swabs, blood, hair, fingernail scrapings, saliva, etc.)

- b. Were any bodily fluids or hair samples obtained from you, and if so, what samples were obtained?

- c. Who took the samples from you and where was it done?

- d. Was any biological evidence found at the crime scene, and if so, what was found?

- e. Were bodily fluids or hair(s) found on you, your clothing, in your car, home, etc., and if so, what was found and where?

- f. Was any biological evidence found on the victim or at the crime scene, and if so, what was found and where? (for example, blood or semen stains, hair, etc.)

- g. Was any testing done on the bodily fluids or hair samples, and if so, what kind of testing was performed?

- h. Who arranged to have the testing done, prosecution or defense?

- i. Which lab performed the test(s)?

- j. If applicable, who arranged to have the second test done, prosecution or defense?

- k. Which lab performed the second test?

- l. Was testing done on all of the physical/biological evidence recovered during the investigation of your case?

- m. Were the results of the test(s) used at trial, and if no, why not?

- n. Were the results of the test(s) used on appeal, and if no, why not?

- o. Please list what items(s) of evidence you think can be subjected to a DNA test and state how that test will show you are innocent.

- p. Is there any physical evidence that is still available other than bodily fluids or hair, and if so, what is it, where is it, and who has it?

- q. Have you received written noticed that evidence in your case has been destroyed? If so, when and from whom?

D. Direct Appeal

1. Did you/your attorney appeal? Yes No

If yes, what is that appeal cause number? _____

2. Is your case still on appeal (waiting for a decision)? Yes No

3. Name, address and phone number of appellate lawyer:

E. Petition for Discretionary Review (PDR)

1. Did you/your attorney file a petition for discretionary review (PDR)? Yes No

If yes, what is the PDR cause number? _____

2. Is your case still waiting for a decision on PDR? Yes No

3. Name, address and phone number of PDR lawyer.

4. Did you/your attorney file a writ of certiorari to the United States Supreme Court? Yes No

F. Writ of Habeas Corpus

1. Did you/your attorney file a writ of habeas corpus in STATE court? Yes No

If yes, how many STATE writs have been filed?

2. Name, address, and phone number of STATE writ lawyer:

3. For each STATE writ filed, list the issues raised. Which issues, if any, did the court decide in your favor?

4. Did you/your attorney file a writ of habeas corpus in FEDERAL court?

Yes No If yes, how many FEDERAL writs have been filed?

5. Please state the name, address and phone number of your FEDERAL writ lawyer.

6. For each FEDERAL writ filed, list the issues raised. Which issues, if any, did the court decide in your favor?

VI. CASE MATERIALS

Please check the materials that are available to you. **DO NOT SEND ANY OF THE MATERIALS** until asked to do so.

A. Pretrial transcripts _____

B. Trial transcripts _____

C. Police offense reports _____

D. Police field notes (Handwritten notes) _____

E. Affidavits _____

F. Witness Statements _____

f. Did a doctor examine the child/children? Yes No
If yes, what was the doctor's name?

g. Describe the results/findings of the exam and any evidence collected:

h. Has the child/children told anyone that they lied or made up the accusation?
Yes No

If Yes, what did they say and to whom did they say it?

VIII. ANY OTHER INFORMATION YOU THINK THE INNOCENCE CLINIC SHOULD KNOW ABOUT YOU OR YOUR CASE.

IX. LIST THE NAME(S) AND CONTACT INFORMATION (address, phone, email) OF ANYONE WHO HELPED YOU COMPLETE THIS FORM.

X. Sign the two-page waiver that appears at the end of the packet. If you do not sign the waiver the clinic cannot accept your case. If you have questions about the waiver, write SCFO.

Mailing Instructions:

When you complete your TPIQ and have signed the “Consent for Release of Information,” send the TPIQ and consent form to one of the following innocence clinics. Although you can send the TPIQ to more than one clinic, that may not be helpful because only one clinic at a time will work on your case. The clinics share a database and will know you have sent it to one of them. For more information about the clinics and the type of cases they accept, read Chapter 13 of the Offender Legal Handbook. Your unit law library has a copy.

The Innocence Project of Texas, 1511 Texas Avenue, Lubbock, TX 79401

Texas Center For Actual Innocence, 727 E. Dean Keeton St., Austin, TX 78705

Texas Innocence Network, 100 Law Center, Houston, TX 77204-6060

Thurgood Marshall School of Law Innocence Project, 3100 Cleburne St., Houston, TX 77004

DO NOT SEND ANY OTHER DOCUMENTS AT THIS TIME. If the clinic needs additional information it will request it from you. You may attach additional pages to explain your case if necessary.

The clinics you send your TPIQ to do not represent you. However, the information you provide in the TPIQ and send to the clinic is in an effort by you to establish an attorney-client relationship with them. As such, that information is confidential and is protected in law by the attorney-client privilege. That is true whether or not an attorney-client relationship is ever formed between you and the clinic.

You must sign the attached “Consent for Release of Information” so that the clinic may review your case. Place the name of the clinic you will be sending the TPIQ to in the space where it says “Name of Clinic.” If there is something about the Release you do not understand, send an I-60 to State Counsel for Offenders.

Mailing Checklist (Sender please check off and fill out):

_____ TPIQ enclosed. If more than one, list the number here: _____

_____ **Signed** Consent for Release of Information enclosed

_____ Additional pages enclosed. List the number here: _____

CONSENT FOR RELEASE OF INFORMATION

By signing below, I authorize _____
[insert name of clinic]

(hereinafter "Clinic") its staff or representatives to investigate my case, communicate with my former attorneys, prosecutors, witnesses, the Texas Department of Criminal Justice, Texas Board of Pardons and Paroles, probation and parole officers, and all other persons or governmental agencies that may have information that the Clinic deems necessary in evaluating my case. I specifically waive the attorney-client privilege existing between myself and my former attorneys, paralegals, legal assistants, investigators and other representatives who worked on my behalf and grant them permission to speak to the Clinic's attorneys, staff and representatives investigating my case.

I authorize any and all entities to release to the Clinic or its staff or representatives, any and all records, files, reports and information of any kind related to me or to any criminal case involving me, including 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 analysis, probation reports, attorneys' files and records, and any information necessary to the Clinic to work on my behalf.

I also authorize the release to the Clinic or its staff or representatives any and all records and information in the possession of the Texas Department of Criminal Justice Correctional Institutions Division, Custodian of Medical Records, Unit Classification, or any other state or federal penal institution, including juvenile facilities or mental health or medical facilities, rehabilitation clinics or centers, and any court or probation department, including juvenile. I authorize the release of any documents in the possession of the Federal Bureau of Investigation or any other federal, state, or local law enforcement agency. I also authorize the release of any and all military records.

I further authorize the release of any and all information and records from public or private schools, medical or mental health institutions, or other such institutions, including all prison reports and records, all medical and psychiatric or mental health records, notes, nursing sheets, hospitalization records, physician notes or prescriptions, or any other type of report or record maintained by any of the above institutions, including records concerning substance abuse. I also authorize release of any and all employment records. I also authorize release of any and all records made by or in the possession of any and all attorneys.

I understand that there may be statutes, rules and regulations that protect my 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 further authorize the Clinic to disseminate information, other than confidential information, to other persons or entities as may be necessary to fully investigate my case or to assist me with receiving services from such persons. I authorize the Clinic to enter pertinent information into a network database that will be accessed by other clinics pursuing innocence claims.

I understand that by conducting an initial investigation, the Clinic is not agreeing to represent me. I further understand that at any point the Clinic, at its sole discretion, may determine that further investigation is not warranted, and is under no obligation to continue to represent me or investigate my case.

A photocopy of this document shall have the same effect as the original.

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 of Birth: _____

Printed Name: _____ TDCJ No.: _____

Date: _____

Witness Signature: _____

Witness Printed Name: _____ Date: _____