

Criminal Justice Review Project¹

Application and Case Screening Questionnaire

The Criminal Justice Review Project is located within the School of Arts and Humanities at Edith Cowan University, Joondalup. It is a pro-bono project driven by students, under the careful guidance of senior legal practitioners and scholars. Students and scholars are drawn from a variety of disciplines including law, criminology, forensic science, and forensic psychology. These multi-disciplinary teams work collaboratively towards the exoneration of those who have been wrongfully convicted.

The Criminal Justice Review Project will **normally** consider requests from applicants to review a case when conviction has occurred, the appeal period has expired, and DNA testing or other procedures may provide new evidence leading to exoneration.

The Criminal Justice Review Project will **not agree** to review requests from applicants when the exoneration may occur because of legal technicalities as opposed to factual innocence.

If you wish to make an application to have your case reviewed by the Criminal Justice Review Project, please complete and sign this case screening questionnaire and the authorisation. When completed, please return the case screening questionnaire and authorisation to:

The Director
The Criminal Justice Review Project
School of Arts and Humanities, Building 4, Room 4.204
Edith Cowan University
270 Joondalup Drive
Joondalup WA 6027

**Application Form:
Criminal Justice Review Project
Case Screening Questionnaire**

Please answer the following questions that apply to your case. We are not able to begin the screening process until we have received the completed signed questionnaire.

Part A: Your Details

Surname: _____ Given Name(s): _____

Date of Birth (DD/MM/YYYY): _____ Nationality: _____

Are you an Aboriginal or Torres Islander: YES / NO

What is your primary language: _____

Prison in which you are being held: _____

Charges:

Conviction: _____ Trial

Court: _____ Trial

Court Case Number: _____ Trial

Judge: _____ Trial

Lawyer: _____

Trial Prosecutor: _____

Have you attended the Appeal Court? Yes / No

If yes, your Appeal Court number: _____

Name of your Appellant Lawyer: _____

Who were the Appeal judges that heard your appeal?:

Please list any lawyers you have previously contacted for assistance after you were convicted or after your appeal was refused.

PART B: Facts About Your Conviction

1. List the charges you were convicted of (eg. murder, attempted murder).

2. Name(s), ages(s) and race(s) of Victim(s):

3. Are you factually innocent for ALL of these charges? YES / NO

If no, what charges are you factually innocent of?

4. Were you present at the scene before, during, or after the crime? YES / NO

5. What was your sentence?

6. How long do you have left to serve on your sentence? _____

7. List all prior convictions and the year of each conviction (please include any information you want us to know about your prior convictions):

8. Were others charged in connection with this crime? YES / NO.

If yes, list their names, charges and provide relevant information in the table below.

Name	Charge(s)	Information regarding person

9. Did you have a trial by jury, by judge, or did you accept a Plea Agreement? Please tick one:

JURY TRIAL _____ BENCH TRIAL _____ PLEA _____

10. Did you have multiple trials? YES / NO If yes, how many? _____

PART D: Procedural History and Information

13. Date and approximate time of day crime occurred: _____

14. Date of your arrest:

15. Place of arrest (location and suburb): _____

16. Date of conviction: _____

17. Have you appealed your conviction? **YES / NO**
If yes, how many times have you appealed your conviction? _____

First appeal:

Court: _____
Case no.: _____ Date Filed: / / Decision: _____

Second appeal:

Court: _____
Case no.: _____ Date Filed: / / Decision: _____

Third appeal:

Court: _____
Case no.: _____ Date Filed: / / Decision: _____

Please attach information about any additional appeals to your application.

18. Have you filed any other post conviction petitions? **YES / NO**

19. Are you currently represented by Counsel? YES / NO

If yes, provide the name, address and telephone number of your current lawyer:

20. Have you advised your current Lawyer that you have sought our assistance? YES / NO

21. Are there any individuals / organisations that have previously reviewed your case? YES / NO

If yes, please provide details:

22. Are there any individuals / organisations that are CURRENTLY reviewing your case? YES / NO

If yes, please provide details:

PART E: The Facts of your Arrest

23. Did the police or investigating detective(s) interview you before or after you were arrested?

YES / NO

If yes, how many times and for how long were you interviewed?

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

25. Did you give a recorded statement? YES / NO If yes: Video / Audio Written

If yes, whom did you give the statement to: _____

26. Explain why you gave a statement and briefly describe what you told the police:

27. Did any alleged victim(s) identify you? YES / NO

If yes, who, when and where? (Eg. at the scene of the crime, in court, etc).

28. Did anyone else identify you? YES / NO

If yes, who, when and where (please be sure to include the race of the witness)?

29. Did you refuse to accept a plea agreement? YES / NO

If yes, what was the agreement you refused to accept? Why?

Part F: Plea Agreement

If you pled guilty or pled to a lesser charge, please answer questions 30 – 37. If you went to trial, skip to question 38.

30. Did your Lawyer advise you to make a Plea Agreement? YES / NO

If yes, what did your Lawyer say to you to make you decide that a plea was in your best interest?

If no, why did you choose to accept the Plea Agreement?

31. If English is not your first language, was the Plea Agreement explained to you in your first

language? YES / NO

32. Did you tell your Lawyer you were innocent? YES / NO

33. If the Plea was in writing, did you sign it? YES / NO

If yes, was your Lawyer present? YES / NO

34. Did you read and understand what you were signing? YES / NO

If not, why did you sign it?

35. Did the judge ask you if you understood the plea agreement? YES / NO

36. Were you told whether or not you could withdraw your plea? YES / NO

If yes, what were you told?

37. Did you try to withdraw your plea? YES / NO

PART G: The Facts of Your Trial

(If you did not go to trial skip to question 48)

38. Prosecuting Lawyer's name: _____

39. Trial Judge's name: _____

40. Did you testify on your own behalf? YES / NO

If not, why didn't you testify?

41. Did any of the alleged victim(s) testify? YES / NO

If yes, list their names, present whereabouts (if known), and any information relevant about them.

42. Did any eyewitnesses testify on your behalf (for the defence)? YES / NO

If yes, list their names, present whereabouts (if known) and any other information relevant about them.

43. Did any eyewitnesses testify on behalf of the prosecution? YES / NO

If yes, list their names, present whereabouts (if known) and any other information relevant about them.

44. What kind of Expert(s), if any, testified for the Defence?

(include names, addresses and phone numbers if known)

45. What kind of Expert(s), if any, testified for the Prosecution?

(include names, addresses and phone numbers if known)

46. Who else testified at your trial?

For the Defence (name, address and telephone number):

For the Prosecution (name, address and telephone number):

47. Please briefly describe the makeup of your jury; what was the predominant race and gender of the jury? How long did they deliberate? Are there any other facts we should know about your jury?

PART H: The Evidence

48. Was any physical and/or biological evidence recovered during the investigation of your case?

YES / NO

(If no, skip to question 55)

49. Were any of the following pieces of evidence gathered from the crime scene? (Please circle)

- | | | | | |
|---------------------------|--------------|---------------|----------------------|----------------|
| Hair | Semen | Blood | Fingernail scrapings | Fingerprints |
| Saliva | Skin | Gloves | Shoes | Cigarette butt |
| Knife | Shoe prints | Footprints | Gun | Carpet/Rug |
| Bed linen | Broken Glass | Mask | Hat | Chewing gum |
| Auto and/or auto interior | | Undergarments | Drink container | |

Other (please describe):

50. Was a rape kit obtained from the alleged victim? (Answer if applicable) YES / NO

If yes, what samples were obtained? (vaginal swab, anal swab, saliva, etc)

51. Was any testing done on the evidence? YES / NO

52. What kind of testing was done? _____

53. Do you have a report of the test results? YES / NO

If no, what were the results? _____

54. Were the results used at trial? YES / NO

If no, why not? _____

55. Did the alleged victim(s) have a reason to lie? YES / NO

If yes, explain:

56. Did anyone who testified against you have a reason to lie? YES / NO

If yes, explain:

57. Do you have an alibi that proves you could not have committed the crime? YES / NO

If yes, what is it?

58. At the time of your conviction, did you have some way to prove the alibi? YES / NO

If yes, how?

59. Was this alibi raised at trial? YES / NO

PART I: Post Conviction Evidence

60. Has a victim or witness come forward to exonerate you since your conviction? YES / NO

If yes, who? Has their story changed? If so, why did they change their story?

65. Do you know who committed the crime (s)? YES / NO

If yes, please provide the name (s) and their whereabouts (if known):

PART J: About You

66. What is the highest year level you completed at school? _____

67. Were you employed at the time of your arrest? YES / NO

If yes, provide the name, address and telephone number of your employer:

68. Please provide the names, addresses and phone numbers of family and friends who have information regarding your case.

69. Do we have permission to contact these people and discuss the specific details of your case?

YES / NO

If no, why not?

PART K: Case Materials

Please tick any of the following documents you can make available to us. **Please do not send any documents unless we specifically request that you send them to us!**

- Hearing transcript(s)
- Trial transcript(s)
- Police report(s)
- Physical evidence, laboratory and medical report(s)
- Probation report
- Appellant's opening brief (AOB)
- Reply brief
- Respondent's brief
- Expert opinions
- Lawyers' opinions

***If you do not have these documents, please provide us with the name, address and telephone number of the person who may have them.**

Please provide the name and location of the person who we should return your documents to at the conclusion of your case screening (if you list no one, we will return them to you):

PLEASE SIGN: _____ DATE: _____

Authorisation

This must be signed and returned if your questionnaire is to be processed.

This document, or photocopy thereof, authorises any lawyer, student enrolled in CRI3302 Criminal Justice Review Project, or staff member working with the Criminal Justice Review Project to communicate with my previous Lawyers, the Department of Corrective Services, government agencies and all other persons having information he or she deems necessary in evaluating my case, and to examine and photocopy all communications, correspondences, investigation reports, probation reports, custodial files, medical evaluations, employment records, and other documents pertaining to me in the possession of such persons or agencies. This document authorises and directs my previous lawyers to release my files and discuss my privileged communications with the Criminal Justice Review Project and/or any lawyer, student enrolled in, or staff member working with the Criminal Justice Review Project. Further, this document authorises and directs the Department of Corrective Services and all other persons and government agencies, to release to the Criminal Justice Review Project and/or any lawyer, student enrolled in CRI3302 Criminal Justice Review Project, or staff member working with the Criminal Justice Review Project, for examination and photocopying, all such communications, correspondence, court documents, investigation reports, probation reports, custodial files, medical evaluations, employment records, and other documents pertaining to me, and any case involving me, in their possession.

Except as authorised by you, or as otherwise required by law, the Criminal Justice Review Project's lawyers, students, and staff members will keep all privileged files and communications confidential, but I understand that my files and communications may not be subject to legal professional privilege. I understand that the Criminal Justice Review Project is not engaged in rendering legal or professional advice to me and that the Criminal Justice Review Project expressly disclaims any responsibility or liability to me to the fullest extent permitted by law. I understand the Criminal Justice Review Project may decide not to review my case or to terminate my case at any time, without being required to provide any reasons, and may determine after reviewing my questionnaire not to take any action at all in my case.

In signing this form, I am providing my consent for Mr. Jonathan A. Davies to act in reviewing my case.

Print Name : _____

Signature : _____

Date : _____

Research

Signing this form is optional.

As part of its commitment to law reform, the Criminal Justice Review Project would like to use the information you provide in your completed questionnaire in research projects. The use of the information that you provide will be subject to the conditions of ethics approval granted by the Human Research Ethics Committee at Edith Cowan University. It is important that you know that if you consent to your information being used, you may withdraw your consent at any time. Further, while the research using the information you provide may be published, you will not be identified, nor will any individual named in your application, and individual information will remain confidential. Finally, your consent to the use of the information provided in your completed questionnaire will have no effect on how your case is reviewed by the Criminal Justice Review Project.

In signing this form, I am providing my consent to the information provided in my completed questionnaire being used for the purposes of research.

Print name: _____

Signature: _____

Date: _____