



CPCS INNOCENCE PROGRAM APPLICATION

Thank you for your interest in applying for help from the CPCS Innocence Program. The purpose of this questionnaire is to help determine whether your case qualifies for assistance from our program.

This questionnaire has multiple sections. Please answer as much as you can, but the questionnaire does not need to be complete to apply. If you cannot answer a question, please write "I don't know." If you don't understand the question, please write "I don't understand the question." If you need help completing this questionnaire, you can call us collect at **617-209-5666**. It is very important that you **sign the release on the last page of the questionnaire**.

Please note that the CPCS Innocence Program represents only **indigent** defendants who have been convicted of a **Massachusetts State Crime** and who are **factually innocent**. A defendant is indigent when the court determines that they cannot afford to pay for a lawyer themselves. A defendant is factually innocent when the person did not commit the act that the Commonwealth said they did, or if the act never happened. For example, you are factually innocent if a shooting occurred and a witness mistakenly identified you as the shooter, but you were not at the scene.

Filling out this questionnaire is the beginning of the application process. **However, the CPCS Innocence Program does not represent you unless and until the Program accepts your case.** We do not represent you, but everything you share with us is still confidential and cannot be shared without your permission.

INSTRUCTIONS:

This questionnaire has **multiple** sections. Fill out **as many questions as you can**. Then, be sure to:

- Sign** the release on the last page of the questionnaire (Part G).
- Do not send** us any other documents unless we ask for them (because you might not get them back).
- Mail** this questionnaire back to us at:

**CPCS Innocence Program
75 Federal Street, 6th Floor
Boston, MA 02110**

A: BASIC INFORMATION

1. What is your legal name?

2. What is your Inmate Number (if currently incarcerated)?

3. If applicable, where are you incarcerated?

4. If not incarcerated, what is your current address?

5. What is your date of birth?

6. How do you identify for the following categories?¹ Check all that you feel most applies to you.

RACE

- Black
- White
- LatinX
- Asian
- Pacific Islander
- Native American
- Other: _____
- Prefer Not to Say

GENDER

- Male
- Female
- Non-Binary
- Transgender
- Other: _____
- Prefer Not to Say

7. How do you prefer to be addressed by others?

PRONOUNS

- He/him
- She/her
- They/them
- Other: _____

¹ This question is being asked for data purposes only. Your answer will not impact your application to the Innocence Program.

8. What language(s) do you prefer speaking?

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Haitian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> French | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Khmer | <input type="checkbox"/> Hindi |
| <input type="checkbox"/> Mandarin Chinese | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Other: _____ | |

9. Have you ever suffered from any of the following? Check all that apply.

- Mental health issue(s)
- Intellectual disability
- Learning disability
- History of being abused
- Substance abuse
- Prefer not to say
- None of the above

Did these issues exist at the time of your arrest?

- Yes No

Did these issues exist at the time of your conviction?

- Yes No

10. How far did you go in school? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> K-8 th Grade | <input type="checkbox"/> College Graduate |
| <input type="checkbox"/> Some High School | <input type="checkbox"/> Beyond College/Graduate School |
| <input type="checkbox"/> High School Grad | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> GED | <input type="checkbox"/> Prefer Not to Say |
| <input type="checkbox"/> Technical Degree | |
| <input type="checkbox"/> Some college | |

11. What is your trial docket number?

12. Please list all charges in which a jury found you guilty or you pled guilty.

13. Are you innocent of all these charges?

Yes No

If no, what charges are you innocent of?

14. What was your date of conviction?

15. What was your sentence? (For example, “Life Without Parole” or “15-20 years”)

16. How long have you been in custody?

17. If you are not in custody, have you completed your entire sentence, or are you still on probation or parole?

18. If not on probation/parole, do you face any other restraints on liberty or collateral consequences (e.g. immigration, SORB)?

19. If you have been released, how long were you incarcerated for these charges?

20. Are you currently serving time for any other convictions?

Yes No

If yes, what other charges were you convicted of and by what prosecutor's office?

21. Do you currently have a lawyer?

Yes No

22. What is their name, address, and telephone number?

Is this lawyer: hired or appointed by the court

B: ARREST, CHARGES, AND INVESTIGATION

1. What is the incident date or dates of your crime(s) of conviction?

2. What date were you first arrested on this case?

3. Have you been in custody since this date?

Yes No

If no, on what date were you first taken into custody? Please explain why you were taken into custody. (For example, "Posted bail but then convicted after a jury trial.")

4. Were you initially charged with any crime(s) of which you were not convicted?

Yes No

If yes, please list those charges.

5. Where (e.g. what town/city) did the incident occur that led to your conviction?

6. What police department investigated your case?

7. Which prosecutors' office (District Attorney) handled your case?

- | | |
|---|---|
| <input type="checkbox"/> Berkshire County DA's Office | <input type="checkbox"/> Norfolk County DA's Office |
| <input type="checkbox"/> Bristol County DA's Office | <input type="checkbox"/> Plymouth County DA's Office |
| <input type="checkbox"/> The Cape and Islands DA's Office | <input type="checkbox"/> Suffolk County DA's Office |
| <input type="checkbox"/> Essex County District DA's Office | <input type="checkbox"/> Worcester County DA's Office |
| <input type="checkbox"/> Hampden County DA's Office | |
| <input type="checkbox"/> Middlesex County DA's Office | |
| <input type="checkbox"/> Northwestern County DA's Office (e.g. Franklin/ Hampshire) | |

8. Identification Procedures

Please check the box next to any identification procedure used in your case.

- Photo Array:** (police show a witness a set of photographs)
- Show Up:** (police present a single person or photograph to an eyewitness).
- Lineup:** (police show a witness several people lined up next to each other).
- In-Court Identification:** (witness identifies you in court).
- Unsure:** (you don't know if there were any identification procedures).
- No Identification Procedures**

9. Police Interrogation Methods

If you were interrogated by the police, please check the boxes next to any statements that apply to your interrogations to the police.

- My interrogation lasted longer than 4 hours.**
- My interrogation was not recorded**
- The police coerced/pressured me to confess**
- The police made promises in exchange for my cooperation**
- I suffered from mental illness at the time of my interrogation**
- I was experiencing drug/alcohol intoxication or withdrawal during the interrogation**
- The police threatened to take my children**
- I needed a translator but none was provided**
- Other**

10. What did you tell the police? If there were differences between what you told them and what they say you told them, please explain.

11. DNA or Biological Samples. Before trial, were any of the following samples taken from you or from the alleged victim/ decedent? Check all that apply.

From You:

- Hair
- Semen
- Blood
- Nail Scrapings/ Clippings
- Fingerprints
- Saliva
- Other: _____

From Victim/Decedent:

- Hair
- Semen
- Blood
- Nail Scrapings/ Clippings
- Fingerprints
- Saliva
- Other: _____

12. Physical Evidence. Before trial, was any physical evidence taken from you or the scene that you know about? Check all that apply.

- Clothing
- Sheets/Bedding
- Cigarette Butts
- Drinking cups
- Knife
- Gun
- Other: _____

13. Is there anything else we should know about your arrest or the investigation? If so, please explain.

C: TRIAL INFORMATION

1. Did you go to trial or plead guilty?

Trial Pled Guilty

2. If you went to trial, was it a jury trial or bench trial?

Jury Trial Bench Trial

3. How long did your trial last?

4. What was the name of your trial attorney(s)?

5. Was your attorney: Appointed or Hired?

6. Did you have any codefendants?

Yes No

If so, what are their name(s)?

7. Were you convicted as a joint venturer? A joint venture is when the prosecutor says you helped commit the crime with other people.

Yes No

8. If applicable, who were your joint venturers? Please list their names.

9. Were they charged along with you as codefendants?

Yes No

10. Were they convicted?

Yes No

11. If applicable, what led you to take a guilty plea?

12. Did you testify at trial?

Yes No

13. If you had a trial, what evidence did you or your lawyer present in your defense?

Check all that apply.

- Eyewitness(es) testimony
- Location data (e.g., map records from phone)
- Video
- Alibi (evidence you were not at crime)
- Phone calls/text messages
- Statements you made to police/investigator
- Statements you made to others
- Mistaken ID
- Digital evidence
- False confession
- Consent by victim
- Self-defense
- "Insanity," lack of criminal responsibility, or diminished capacity defense
- Other: _____

14. If applicable, what is your alibi? What evidence may be available to support it?

(For example, witnesses, video, cell phone location data, or other evidence that may help establish you were not at the scene of the crime).

15. Did the jury know about this alibi?

Yes No

16. What evidence did the prosecution use against you at trial? Check all that apply.

- Eyewitness(es) testimony
- Medical Examiner
- Co-Defendant statements or testimony
- DNA
- Video
- Fingerprints
- Phone calls/text messages
- Gunshot residue
- Statements you made to police
- Ballistics
- Statements you made to other people
- Blood Spatters
- Statements you made to snitch or C.I.
- Bite marks
- Location data (e.g., map records from your phone)
- Handwriting analysis
- Weapon(s) used in crime
- Tool marks
- Fire analysis
- Fiber analysis
- "Shaken Baby Syndrome" investigation
- Hair microscopy
- Criminal history/ past crimes
- Victim testimony
- Other (please specify)

17. Is there anything else we should know about your trial or plea?

D: APPELLATE AND POST-CONVICTION WORK

1. If you had a trial, was your conviction appealed?

Yes No

2. What is your appellate docket number, if known?

3. What is your Supreme Judicial Court docket number, if known?

4. Who were your appellate attorneys?

5. Were your appellate attorneys appointed OR hired?

6. Has a motion for a new trial (a.k.a. Rule 30 motion) ever been filed?

Yes No

7. Has a motion to withdraw a guilty plea been filed?

Yes No

8. Who was your most recent Motion for New Trial lawyer?

hired OR appointed?

9. Has a writ of habeas corpus been filed in federal court?

Yes No

If so, did you have a lawyer for that litigation?

Who was/is your habeas lawyer?

10. Is there anything else you'd like us to know about your appeal or post-conviction litigation? If so, please explain.

11. Have you ever applied to the Committee for Public Counsel Services (CPCS) Innocence Program?

- Yes, date of prior application: _____
- No

12. Have you ever applied to any other innocence organizations?

- Yes
- No

If so, which organization(s) have you applied to?

- New England Innocence Project
- Boston College Innocence Program
- Innocence Project (NY)
- Other: _____

13. Are they currently involved with your case?

- Yes
- No

E: YOUR PERSPECTIVE

1. Do you know of any evidence that could prove your innocence?

(For example, physical evidence that could be tested with new scientific methods, or new physical evidence, or a new witness. A method, evidence, or eyewitness is “new” or “newly discovered” if it was not known by you at the time of trial.)

- New Fact Witnesses**
 New Scientific Evidence
 Changes in Science (For example, arson, “shaken baby syndrome,” hair analysis, eye-witness identification).
 New Physical Evidence
 Physical Evidence Never Tested
 Other: _____

2. When did you learn about this evidence?

3. Has this evidence ever been shown to a judge?

- Yes** **No**

4. Would you be willing to take a DNA test to prove your innocence, knowing that it could also prove your guilt in this case or other cases?

- Yes** **No**

5. What documents from your case, if any, do you, or a family member/friend, still maintain?

Please check all that apply. Please note that it is common not to have a copy of some/all of your case documents, and whether or not you have your own copies on hand does not impact your application to the Innocence Program.

- Police report(s)**
 Appellate briefs
 Appellate decision(s)
 New trial motion(s)
 Decisions on new trial motion(s)
 Other: _____
 None

6. If necessary, can we contact you to request a copy of those documents?

Yes No

7. In your own words, what happened in your case? What do you think needs to be done to prove your innocence? (Please include as much information as possible, and use the next page for additional space if needed)

8. Is there anything else you would like to tell us?

F: AUTHORIZATION FOR THE RELEASE OF INFORMATION AND COMMUNICATION WITH CURRENT AND PREVIOUS LEGAL COUNSEL

I, _____, hereby authorize any
(print your name here)

and all entities and persons, including but not limited to, my current and former attorneys, to release to the Committee for Public Counsel Services (“CPCS”) Innocence Program, its staff or student representatives, and/or such other attorney or screening entity as designated by the CPCS Innocence Program, any and all records, files, reports, correspondence, material and information of any kind related to the following case:

_____,
(print trial court docket number)

for which I am seeking CPCS Innocence Program services. I fully understand that there may be statutes, rules, and regulations that protect the confidentiality of some of the records, files, reports, correspondence, material and information covered by this release, and I understand that this release authorizes and directs my current and prior attorneys to disclose information to representatives of the CPCS Innocence Program and/or its designates that may be privileged and/or confidential. This authorization for release of information is made solely to permit the CPCS Innocence Program to evaluate my application for legal representation. Communications with the CPCS Innocence Program are protected by the attorney-client privilege and cannot be disclosed without my permission to anyone other than my prior and current attorneys.

I further understand that the CPCS Innocence Program currently works in partnership with the New England Innocence Project (NEIP) and the Boston College Innocence Program (BCIP) to identify potentially meritorious innocence claims, and I,

_____, hereby give the CPCS Innocence Program authorization, at its discretion, to designate NEIP and/or BCIP to review my application and to share any materials and information that I provide with NEIP and/or BCIP for the purpose of screening my case. I understand that, although the CPCS Innocence Program, NEIP, and BCIP are separate organizations, the CPCS Innocence Program may work collaboratively with either or both organizations for the purpose of screening my case and determining whether counsel should be assigned. I further understand that in the event that a decision is made to assign counsel, the assignment will be made by the CPCS Innocence Program to a member of the CPCS post-conviction panel. I consent to have my case screened by both NEIP/ and/or BCIP, and further authorize the CPCS Innocence Program to release any and all documents, correspondence, pleadings and other information contained in its file to NEIP and/or BCIP for

this purpose. I likewise authorize NEIP and/or BCIP to release any and all information pertaining to the screening of my case to the CPCS Innocence Program, also for the purpose of screening my case and determining whether to assign counsel.

By my signature below, I represent that this Authorization for Release of Information and Communication with Current and Previous Legal Counsel is voluntary and given without any reservation.

PRINTED NAME

DATE OF BIRTH

SIGNATURE

DATE

I further authorize the CPCS Innocence Program to enter my name into the CPCS conflict check system so as to assure that they have no conflict of interest in looking into my case.

SIGNATURE

DATE