



Keep this page for your records.

# Exoneration Project East Intake Application

\* Si Usted necesita una solicitud en español, por favor escribanos.

## Eligibility

If you were convicted on the East Coast, please fill out this application and mail it to our Chicago headquarters. Make sure to include "EP East Intake":

**Exoneration Project (EP East Intake), 311 N. Aberdeen St., Chicago, IL 60607**

The Exoneration Project reviews cases of innocence for people who have gone to trial and were found guilty of crimes they did not commit. We consider post-conviction cases across the nation for individuals wrongfully convicted of different types of crimes and with different sentence lengths, including cases where a defendant has served their complete sentence or plead guilty. We do not consider cases of self-defense or to address other errors (like an excessive sentence, or the sufficiency of the evidence). In order to apply for representation, a case must meet the following criteria:

- **Innocence Claim:** The defendant must be innocent of the crime.
- **Case Status:** The defendant's trial must be completed and have resulted in a conviction.
- **Location:** The defendant's case must be within the United States.
- **Sentence:** The EP does not have a minimum sentence requirement and reviews cases with any sentence length, including cases where the defendant has served their complete sentence.

## Questions & Contact During the Application Process

Due to the high number of requests that the EP receives, we are unable to respond to correspondence regarding the application process. We review cases based on the order that we receive applications. We estimate that it will take 2 years to return a decision on your application, which we will do via written correspondence. If we have questions about your case or application, we will contact you directly via legal mail. It is our goal to help find representation for as many innocent victims of wrongful conviction as we can.

## Address Changes & Additional Information

If you have additional information that is new or not included in your application, or if your address changes, please provide any relevant changes to our office by writing to:

**Exoneration Project (EP East Intake), 311 N. Aberdeen St., Chicago, IL 60607**

We will include any new information in your file to be reviewed along with your application. We will not accept **ANY** legal documents.

## Disclaimer

Please note that contacting the Exoneration Project and submitting an application does not constitute legal representation by our organization. The Exoneration Project does not agree to represent any applicants until an attorney has contacted the applicant and both the attorney and the applicant have signed a formal retainer agreement.

Mail to: Exoneration Project East Intake, 311 N. Aberdeen St., Chicago, IL 60607

Please enter your information to the best of your ability in the space provided. Write clearly and include **all** relevant facts of your case. You may attach additional sheets if you run out of space. In addition to the application, we encourage you to write and attach a narrative with your story of your wrongful conviction in your own words. **We will not accept or review any other legal documents.**

**Background Information**

1. Today's Date: \_\_\_\_\_
2. Full Name: \_\_\_\_\_
3. Identification NO. (if incarcerated) \_\_\_\_\_
4. Current Address: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_
6. What is your preferred language: \_\_\_\_\_
4. What is your race or ethnicity? \_\_\_\_\_
5. What is the highest grade you completed in school? \_\_\_\_\_

**Wrongful Conviction Case Information**

6. What wrongful conviction are you applying for representation for?  
*i.e. "Murder in the first degree"*  
\_\_\_\_\_
7. What is the case number of your conviction? \_\_\_\_\_
8. What is the date of your conviction? \_\_\_\_\_
9. Where did this conviction occur? *i.e. "Cook County, Chicago, Illinois"*  
\_\_\_\_\_
10. What sentence did you receive for your wrongful conviction?  
\_\_\_\_\_
11. Please list any co-defendants charged in this case:  
\_\_\_\_\_

**Crime**

12. What date and time did the crime you are accused of occur?  
\_\_\_\_\_
13. Where did the crime occur? *i.e. address*  
\_\_\_\_\_
14. Please list the name(s) of any victim(s): \_\_\_\_\_
15. Were you present when the crime occurred?     **YES**     **NO**
16. Were any of your co-defendants present when the crime occurred?  
\_\_\_\_\_  
\_\_\_\_\_





**Trial**

25. Did you have a:   **JURY TRIAL**               **BENCH TRIAL**               **PLEAD GUILTY**

26. Describe the case against you at trial. What evidence was presented of your guilt? *Include any witness testimony and your relationship with that witness.*

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27. Describe your case at trial. What evidence was presented of your innocence? *Include any witness testimony and your relationship with that witness.*

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28. Do you know of any evidence of your innocence that was available at the time of trial but was not presented in court? Why it was not presented?

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**29.** Do you know of any witnesses who were available at the time of trial but were not called to testify? Why they were not called?

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**30.** Did you testify at trial? If so, what did you say?

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**New Evidence**

**31.** Is there any new evidence that was not used at trial that could help demonstrate your innocence? When did you learn about this evidence?

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**32.** Are there any items of physical evidence that you believe were not found or tested that could help prove your innocence? Please describe.

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Mail to: Exoneration Project East Intake, 311 N. Aberdeen St., Chicago, IL 60607

## AUTHORIZATION

I authorize any attorney, staff member, or law student of the Exoneration Project to communicate with my previous attorneys, governmental agencies, the relevant Department of Corrections, and all other persons with information deemed necessary to evaluate my case, and to examine and photocopy all communications, correspondence, investigative reports, probation and custodial files, and other documents deemed necessary to evaluate my case that are in the possession of these agents.

I also authorize and direct my current and former counsel and/or any other current or former employee or agent of theirs to release any and all information and documents regarding my case to the Exoneration Project. I also authorize and direct my current and former counsel and/or any other current or former employee or agent of theirs to discuss my case with any attorney, staff member, or law student of the Exoneration Project.

I understand that the Exoneration Project's attorneys, staff members, and law students will keep all files and communications confidential.

Dated: \_\_\_\_\_

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

Signature: \_\_\_\_\_