

# ARLINGTON COUNTY CONVICTION REVIEW UNIT SCREENING QUESTIONNAIRE

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Please provide the required information and complete this form in its entirety to petition our office for review of your conviction. Be sure to include copies of any documents that support your claims. If there is information you do not know, or do not understand, you may leave that section blank. The Conviction Review Unit will still review the Questionnaire if certain sections are blank.

***Do not send original documents or your only copy of any documents.*** This form and copies of supporting documents may be mailed to:

Attn: Conviction Review Unit  
Office of the Commonwealth's Attorney  
1425 N. Courthouse Rd, Ste. 5200  
Arlington, VA 22201

Where "petitioner", "you" or "your" is indicated, the requested information needs to be provided about the person seeking to have his/her case reviewed by our office. If the person completing this petition is not you, please indicate that in the appropriate the section.

CRU will only accept cases for review where the following apply:

1. You must have been convicted of a felony in Arlington County or the City of Falls Church.

**Please keep in mind the following.** CRU may decide not to review affirmative defenses, claims, or information/evidence that were previously considered and litigated before the original finder of fact (jury or judge). CRU will decide whether to review these cases on a case-by-case basis.

**Initial each statement below to show your understanding and agreement with the following:**

\_\_\_\_\_ Requesting review of my case by your office will not toll the time I have to pursue post-conviction remedies, such as filing an appeal or post-conviction motion. I need to pursue those remedies separately.

\_\_\_\_\_ Acknowledgment of receipt of the Questionnaire by CRU does not mean it accepts my case for investigation and does not mean it accepts any claim of innocence.

# ARLINGTON COUNTY CONVICTION REVIEW UNIT SCREENING QUESTIONNAIRE

## PETITIONER INFORMATION

**Please check “yes” or “no” for each question:**

**Are you a U.S. Citizen?**  Yes  No

➤ *The answer to this question will NOT affect whether your case is considered. It is so we know there might be an immigration hold.*

**Is English your primary language?**  Yes  No

If not, what language do you normally speak? \_\_\_\_\_

**Is someone reading this form to you?**  Yes  No

**Is someone completing this form for you?**  Yes  No

**Are you still serving your sentence from this conviction?**  Yes  No

**If “Yes”, are you**  in prison  on probation  on parole

**Please fill out the chart below to the best of your ability:**

Your name:	Your DOC Number:
Your Address:	Your Date of Birth:
Case Number:	Original Charge(s):
Charge(s) on Conviction (if different than original charge(s)):	
Date of Conviction:	Original Sentence:
Name of Attorney who represented you at trial:	Name of Judge who sentenced you:

**IMPORTANT:** If you are currently represented by an attorney, CRU will only communicate with your attorney. You should consult your attorney prior to submitting your Questionnaire; your attorney may want to wait to submit the Questionnaire or submit the Questionnaire on your behalf.<sup>1</sup>

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<sup>1</sup> The Office of the Commonwealth’s Attorney cannot provide legal advice. Please consult with an attorney before submitting a Petition if you need assistance or have any questions regarding anything contained in this Petition.

**ARLINGTON COUNTY CONVICTION REVIEW UNIT SCREENING QUESTIONNAIRE**

Are you currently represented by a lawyer?  Yes  No

If yes, who is your Attorney? \_\_\_\_\_

**CASE INFORMATION**

Please list all the Attorney(s) who have represented you: \_\_\_\_\_

\_\_\_\_\_

Please check every box for every statement that is true. You can check as many boxes as you need.

- I was not involved in any part of the crime I was convicted of
- My conviction happened in Arlington County or the City of Falls Church
- My direct appeal (the appeal following my sentence) is over

The date your appeal was denied: \_\_\_\_\_

Please check every box for every statement that is true. You can check as many boxes as you need. If none apply, check the box saying, "None of the above statements apply to me."

- I had no role in the crime I was convicted of.
- I had some role in the crime I was convicted of, but not all of it.
- I did something illegal, but I was drunk or high at the time of the incident.
- I did something illegal, but I have a condition that affects my ability to act or understand right from wrong.
- I did something illegal because I was forced to do it by someone else.
- I did something illegal, but I got too much time in prison for it.
- None of the above statements apply to me. Explain: \_\_\_\_\_

\_\_\_\_\_

**How were you convicted? (Note: If you entered a guilty or no contest plea, that will not prevent CRU from reviewing your case)**

- A jury or judge found me guilty      OR       I entered a guilty or no contest plea

**Please provide dates for the following:**

When did the crime occur (date)? \_\_\_\_\_

When were you arrested? \_\_\_\_\_

If you entered a plea, when was it entered? \_\_\_\_\_

If you went to trial, what was the date(s) of the trial? \_\_\_\_\_

When were you sentenced? \_\_\_\_\_

**ARLINGTON COUNTY CONVICTION REVIEW UNIT SCREENING QUESTIONNAIRE**

**PRIOR POST-CONVICTION APPEALS**

**Do you have any active appeals or post-conviction motions?**       Yes       No

If yes, please provide the case number: \_\_\_\_\_

If yes, what court is it in:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Circuit Court          | <input type="checkbox"/> Virginia Court of Appeal        | <input type="checkbox"/> Virginia Supreme Court |
| <input type="checkbox"/> Federal District Court | <input type="checkbox"/> Fourth Circuit Court of Appeals | <input type="checkbox"/> US Supreme Court       |

**Have you filed any post-conviction motions before in this case? For example, a petition for a writ of innocence, or a habeas petition?**       Yes       No

If yes, provide case information:

Type of motion: \_\_\_\_\_

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

Court: \_\_\_\_\_

Date filed: \_\_\_\_\_

Date denied (if applicable): \_\_\_\_\_

**PRIOR DNA TESTING**

**Was DNA evidence used at your trial?**       Yes       No

If yes, was it used by the       Commonwealth       Defense

**Have you filed a motion for DNA testing under Virginia law?**       Yes       No

Was the motion granted?       Yes       No

Was testing done?       Yes       No

**CONTACT WITH INNOCENCE ORGANIZATIONS**

**Have you contacted the Mid-Atlantic Innocence Project about your case?**       Yes       No

If yes, when did you contact them? \_\_\_\_\_

If yes, and the Mid-Atlantic Innocence Project responded to you, what did they say? \_\_\_\_\_

\_\_\_\_\_

If yes, are they currently investigating?       Yes       No

**Have you contacted any other innocence organizations about your case?**       Yes       No

If yes, which organization(s) and when, and what was the result? \_\_\_\_\_

\_\_\_\_\_

# ARLINGTON COUNTY CONVICTION REVIEW UNIT SCREENING QUESTIONNAIRE

## NEW EVIDENCE OR EVIDENCE THAT SHOWS I WAS WRONGFULLY CONVICTED

Please check every box for every statement that is true. You can check as many boxes as you need. If none apply, check the box saying, "None of the above statements apply to me."

- A witness/informant who testified against me has recanted or changed their testimony.
- I was not at the crime scene and have an alibi. If this alibi was not presented at trial, why not? \_\_\_\_\_  
\_\_\_\_\_
- There is new evidence that proves my innocence that wasn't available when I went to trial or entered my plea.

Briefly explain what evidence: \_\_\_\_\_  
\_\_\_\_\_

- There is new evidence that shows my trial was unfair that wasn't available when I went to trial or entered my plea.

Briefly explain what evidence: \_\_\_\_\_  
\_\_\_\_\_

- There was scientific testimony at my trial that was wrong or has been discredited.

Briefly explain what testimony: \_\_\_\_\_  
\_\_\_\_\_

- There is DNA in my case that was never tested.

- The officer who arrested me or presented testimony against me was arrested or has a sustained finding of dishonesty or bias.

Name of officer and badge number (if you know): \_\_\_\_\_

- None of the above statements apply to me.

## QUESTIONS ABOUT SCIENTIFIC EVIDENCE

Please check every box for every statement **that is true**. You can check as many boxes as you need. If none apply, check the box saying, "None of the above statements apply to me."

- The Commonwealth said I hurt or killed a baby by shaking the baby.
- The Commonwealth said I intentionally started a fire.
- The Commonwealth used bite mark evidence (teeth marks) against me.
- The Commonwealth used hair comparison evidence against me.
- None of the above statements apply to me.

# ARLINGTON COUNTY CONVICTION REVIEW UNIT SCREENING QUESTIONNAIRE

## INFORMATION ABOUT EVIDENCE IN YOUR CASE

Please check every box for every statement **that is true**. You can check as many boxes as you need. If none apply, check the box saying, "None of the above statements apply to me."

- I testified at my trial.
- Police said I confessed to them, but I did not.
- Police said I confessed to them, but my statement was coerced (forced).
- An eyewitness or victim didn't know me but identified me as the committing the crime, and got it wrong.
  - If you were identified, which of the following fit how you were identified:
    - An eyewitness or victim identified me from a show-up or confrontation.
    - An eyewitness or victim identified me from a photo array or photo lineup.
    - An eyewitness or victim identified me from a live lineup.
    - An eyewitness or victim identified me for the first time in court.
- The witness or informant who testified against me lied.
- The witness or informant who testified against me had a deal with the Commonwealth I just learned about.

Please explain the deal and how you learned of it: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Police said they found my fingerprint at the crime scene.
- Police said they found my hair at the crime scene.
- Police said they found my blood at the crime scene.
- Police said they found other of my body fluids (semen, spit, sweat) at the crime scene.
- Police said the victim's DNA was on me.
- Police said I had the victim's property or other belongings.
- None of the above statements apply to me.

# ARLINGTON COUNTY CONVICTION REVIEW UNIT SCREENING QUESTIONNAIRE

## INFORMATION ABOUT NEW EVIDENCE AND INNOCENCE

Please answer these questions in the boxes, including as much information as you know. If you need more space, use a separate piece of paper.

**Please explain the facts supporting your claim of wrongful conviction.**

*(For instance, if you are claiming innocence and you were somewhere else when the crime happened, tell us where you were and what you were doing. If you don't think a crime really happened, please tell us why you believe that.)*

**Please explain the events leading to your arrest.**

*(For instance, when and where were you arrested? Do you know any of the reasons why the police decided to arrest you as the perpetrator?)*

**Please list the names and phone numbers of witnesses or alibis, or any other person with relevant information, you think can provide information whom we should contact. Next to each name, explain what information they have that supports your claim.**

**ARLINGTON COUNTY CONVICTION REVIEW UNIT SCREENING QUESTIONNAIRE**

**Do you know of anything new about your case you didn't know when you went to trial or pleaded guilty or no contest?**

*(Has a witness changed his story, or do you think they will? Has someone else confessed to the crime? Do you know about new evidence? Please include as many details as possible.)*

**Do you have information about who may have committed the crime?**

**Is there anything else you want CRU to know about your case? If so, please write it here (use additional paper if you need).**

**IMPORTANT – NOTIFICATIONS**



# ARLINGTON COUNTY CONVICTION REVIEW UNIT SCREENING QUESTIONNAIRE

## REQUIRED

**Please initial each of the following statements to show that you have read it and you understand it. Don't initial any statement you don't understand or that is untrue or inaccurate.**

- The Conviction Review Unit is a program of the Office of the Commonwealth's Attorney for Arlington County and the City of Falls Church. They are not defense lawyers. They do not provide legal advice.
- I understand I am providing information to a Commonwealth Attorney's Office and that any statements here are provided voluntarily.
- I understand my statements on this Questionnaire can be used against me in court.
- I am not currently represented by an attorney or I am currently represented by an attorney but wish to submit this Questionnaire on my own after consulting with my lawyer.
- No one has promised me anything to fill out this Questionnaire.
- I understand the Conviction Review Unit reviews cases based on its own standards and my case may or may not be reviewed or investigated.
- I understand the Conviction Review Unit may contact any of the people or witnesses I have listed here to talk with them about my conviction.
- The statements contained in this Questionnaire are true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ARLINGTON COUNTY CONVICTION REVIEW UNIT SCREENING QUESTIONNAIRE

### OPTIONAL AUTHORIZATION TO ALLOW PAST OR PRESENT LAWYERS TO PROVIDE OTHERWISE CONFIDENTIAL OR PRIVILEGED INFORMATION AND DOCUMENTS TO CRU

You have petitioned CRU to review your case. To conduct a thorough investigation, CRU may want to talk to the attorneys who represented you at trial, on appeal, or in post-conviction proceedings in the case you have asked us to review. CRU may also want to review your past attorneys' files and the files of any attorney or innocence organization currently representing you or with whom you're working.

Your attorneys are required by law to keep confidential any information they learned about your case from representing you—including the contents of their files. They cannot share their knowledge of your case or their files with CRU without your permission. You can choose to allow your attorneys to share this information if you want to. **You are not required to authorize your attorneys to provide information for CRU to continue its investigation and review of your case. CRU can still move forward if you do not consent to our staff contacting your past attorneys.**

Also, any communication between you and your attorneys—letters, conversations, messages, and so on—about the case is considered a privileged communication that the attorney cannot reveal to CRU without your permission.

You may not know all the information your former or present attorneys have in their files; they may have information linking you or people you know to a crime. You must decide if you will permit your past and any current attorneys to share what they know about the case, their communications to you and from you, and their case files with CRU. In making that decision, you may want to consult with a lawyer who is not part of CRU.

You should also understand that CRU may begin reviewing your petition even if you decide not to share confidential information or files with CRU. By petitioning CRU to review your conviction you have not waived any rights or consented to any privileged information being turned over to CRU.

At some point, however, CRU may advise you that our investigation cannot be completed, and a decision cannot be made on your claim without speaking with your past attorneys and/or reviewing their case files. At that point, you will need to decide if you are willing to waive your rights and to give your past lawyers permission to share their information, case files, and communications with you to CRU.

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**ARLINGTON COUNTY CONVICTION REVIEW UNIT SCREENING QUESTIONNAIRE**

**Please initial one of the following statements to tell us your willingness or unwillingness at this time to have CRU contact your attorneys:**

**AGREEMENT TO AUTHORIZE ATTORNEYS TO SHARE INFORMATION**

I have read and understand the information provided in the *Authorization to Allow Past or Present Lawyers to Provide Otherwise Confidential or Privileged Information and Documents to CRU*.

I understand that my past attorneys have information, privileged communications, and files they are not free to share with a prosecutor or anyone else without my permission. I have consulted with a lawyer about these issues or have decided I do not need to do so.

I give each and every one of my past lawyers, as well as the Mid-Atlantic Innocence Project permission to share with CRU whatever information, communications, or documents they have in their possession concerning their representation of me in the case as they deem appropriate.

**-OR-**

**NON-AGREEMENT TO AUTHORIZE ATTORNEYS TO SHARE INFORMATION**

I have read and understand the information provided in the *Authorization to Allow Past or Present Lawyers to Provide Otherwise Confidential or Privileged Information and Documents to CRU*.

I do not give permission to my former attorneys to share information, communications, or files with CRU at this time.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date