



**ARIZONA JUSTICE PROJECT PRELIMINARY QUESTIONNAIRE**

**ARIZONA JUSTICE PROJECT  
c/o ARIZONA STATE UNIVERSITY  
Mail Code 4420  
411 N. Central Ave., Suite 600  
Phoenix, AZ 85004-2139**

Full Name: \_\_\_\_\_ DOC# \_\_\_\_\_

Address: \_\_\_\_\_

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**PRELIMINARY INFORMATION ABOUT YOUR CASE**

*MANDATORY INSTRUCTIONS: Please type or hand print clearly in the spaces provided. It is very important that you answer every question completely. It is equally important that you do not add any additional information for which we have not asked; any additional information received at this point will **not** be held in confidence and will delay processing. We primarily use this preliminary questionnaire to complete a check for any conflicts of interest, **including disclosing your name or other information to request permission to review your case**, and therefore we must receive exact answers—no more, no less—to our questions before we can decide whether to move to the next step in reviewing your case (including whether to send you our more detailed questionnaire). Thank you.*

- 1. List all of the crimes for which you were wrongfully convicted, the case number, and the county and State where the conviction was entered:**
- 2. State the name and address of any attorneys who represented you at trial/plea:**
- 3. State the name and address of any attorneys who represented you on appeal or post-conviction relief:**

4. **In what year were you convicted?**
5. **What was the length of sentence for each conviction?**
6. **What is the *total* length of your sentence?**
7. **Is your case presently on appeal?**
8. **If so, in what court?**
9. **State the name and address of the attorney handling your appeal:**
10. **Did you have a trial or did you enter into a plea agreement?**
11. **State the full names of all co-defendants, if any, in your case (“co-defendants” include anyone else who was alleged to have committed or played a role in the offense for which you are seeking assistance, even if charged separately or turned State’s evidence prior to trial):**
12. **State the full names of all “alleged” victims, if any, in your case:**
13. **State the full names of any witness who testified against you at trial:**
14. **Please provide the names of other organizations you have contacted for assistance.**

**Please read the Mandatory Instructions above before signing and sending this preliminary questionnaire. Thank you.**

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**Signature**

**Date**