

Date Application was sent: _____ Received (OJPC use): _____



Beyond Guilt is
a Project of the:



Screening Application

Beyond Guilt is seeking to free people who admit guilt, have served significant amounts of their sentences, have rehabilitated themselves and are ready to rejoin society. If you are claiming that you are innocent on all charges for what you were convicted, we may not be able to represent you. If you would like to be considered for this program, please fill out the form to best of your ability. Completion and return of this form does not mean we are agreeing to represent you. Because we do not represent you, you are still responsible for your legal filing deadlines. All the information you share with us will remain confidential.

-Is there any reason that corresponding in writing will be difficult for you? Yes No

Describe:

Can you read in English? Yes No

Can you write in English? Yes No

Is someone reading this form to you? Yes No

Is someone writing on this form for you? Yes No

Are you vision-impaired or blind? Yes No

Are you hearing-impaired or deaf? Yes No

Do you use sign-language to communicate? Yes No

Name _____ Institution # _____

Date of Birth _____ Gender _____ Ethnicity _____

-Institution (& mailing address)

-Case Manager (name & contact information)

Current Security Level _____ County of Conviction _____

Date of Conviction _____ Time Served to Date _____

-How old were you at the time of the offense _____

-List all crimes and corresponding sentences that you are currently incarcerated for:

-Case Number(s) _____

-Previous Parole Hearing Date(s) (if applicable) _____

-Do you know why the Parole Board flopped you? Yes No

If yes, please select all that apply:

Serious nature of the offense Institutional conduct Lack of programming

Problems with release plan Community opposition Victim opposition

Other: _____

-Next Parole Hearing Date (if applicable) _____

-Please list all Tickets/RIB Infractions during the last 5 years:

-Please provide the names, addresses, and phone numbers of family and friends who are supporting you through this process and would write letters of support on your behalf.

(By writing these names, you are giving us permission to talk to them about your case.)

-I admit that I participated in conduct that led to my conviction and incarceration: Yes No

-Did you plead guilty or go to trial? Plea Trial

-Did you have any co-defendants? Yes No

-If yes, did you and your co-defendant(s) have a similar role in the crime? Yes No

-Describe your role in the crime and your co-defendants' role:

-Did you appeal your conviction(s)? Yes No

Basis of Appeal

-Do you have any litigation regarding this case pending in court (criminal or civil)? Yes No

-Have you filed for Post-Conviction or Habeas relief? Yes No

Basis of Relief

-Factors that led to your conviction (substance use, domestic violence, sexual trafficking, youth, etc)

-How many institutional programs/classes have you completed? _____

If a program/class was helpful to you, explain why:

-Describe your rehabilitation efforts and why you are now ready to be released:

-Any other information we should know? (illness, family loss, children, etc)

-Have you ever been afraid to leave or quit a work situation due to fears of violence or threats of harm to yourself or someone you cared about? Yes No

-Have you ever been unable to leave a place you worked or lived or unable to talk to people you wanted to talk to because someone was threatening or controlling you? Yes No

-Has a boyfriend, girlfriend, spouse/partner, family member or anyone else asked, pressured, or forced you to do something sexually with them or another person that you did not feel comfortable doing? Yes No

-Has someone ever controlled the money you earned, or kept money you earned in exchange for things like transportation, food, rent, or drugs/alcohol? Yes No

PLEASE ALSO SIGN AND RETURN THE ENCLOSED RELEASE FORM.

I understand that the Ohio Justice & Policy Center does not represent me. If the Ohio Justice & Policy Center decides to accept my case and represent me, I will receive a written agreement at that time.

By signing below, I affirm that I am telling the truth in this application.

Signature _____ Date _____

Return completed application and release form to:

**Ohio Justice and Policy Center
Attn: Beyond Guilt
215 East Ninth Street, Suite 601
Cincinnati, OH 45202**

(Please initial and sign the attached release form below. This will allow OJPC to access your Institutional Report Summary from the ODRC.)



Department of Rehabilitation and Correction

Release of Information Authorization

Judicial Release

As part of my election to be considered for Judicial Release, I hereby authorize ODRC and the custodian of the below identified records to release those records to agents of ODRC, agents of the common pleas court for my county of conviction, agents of the prosecuting attorney of the county of my conviction, and, if applicable, the attorney representing me in the Judicial Release process, to be utilized solely for the purpose of making and considering any recommendation for Judicial Release. My authorization to release records includes:

Medical Records _____ (Initial)
Mental Health Records _____ (Initial)
Drug and Alcohol Treatment Records _____ (Initial)
Education Records _____ (Initial)

This authorization is subject to revocation at any time except to the extent that the agents which are to make the disclosure have already taken action in reliance on it. If not previously revoked, I acknowledge that this authorization will terminate upon a final decision by a court order granting Judicial Release or a court order denying Judicial Release.

Inmate's Signature:	
Date:	Number:
Witness's Signature:	Title: