

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



Beyond Guilt is
a Project of the:



Screening Application

Beyond Guilt is seeking to free people who have served significant amounts of their sentences, have rehabilitated themselves and are ready to rejoin society. If you are claiming you played no role in the crime for which you were convicted, you should contact an organization that specializes in innocence work before applying to Beyond Guilt. If you would like to be considered for representation through the Beyond Guilt project, 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 Number _____

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 _____

-Have you had previous Parole Hearings? Yes No

If yes, how many previous hearings have you had? _____

-Please list the dates of your prior parole hearings, the results of those hearings, and list the reason the parole board gave for its decision (serious nature of the offense, institutional conduct, lack of programming, problems with release plan, community opposition, victim opposition). Or you can provide a copy of your parole decision sheets.

-Were you ever recommended for release by the Parole Board? Yes No

-If yes, do you know why the Parole Board reversed its decision? 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: _____

-Do you have any tickets/RIB infractions/convictions for drug conveyance or violence in the last 10 years? Yes No

-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

If no, have you applied to the Ohio Innocence Project, OPD Wrongful Conviction Project, Innocence Project, or Centurion Ministries? Yes No

If yes, what is the current status of your application at any/all of the above projects?

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

-Did you file a direct appeal following your conviction? Yes No

Did you have any co-defendants? Yes No

-Please provide the name(s) of your co-defendant(s):

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

-Please provide the number of victims in your case: _____

Race of victim(s): _____

-Do you have any litigation regarding this case currently pending in court (criminal or civil)?

Yes No

-If yes, describe the type of litigation filed and its current status:

-Have you previously filed for Post-Conviction relief in state or federal court? Yes No

-If yes, describe the type of litigation filed (including the court in which you filed):

-What issues were going on in your life that led to your conviction (substance use, domestic violence, sexual trafficking, youth, etc)

-Please list all other convictions (including juvenile adjudications of delinquency) you had prior to incarceration (including any out of state or federal convictions):

-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:

