The Bridge of Hope Innocence Initiative @ RMIT

**APPLICATION FORM**

**Please return completed application form to:**

*The Bridge of Hope Innocence Initiative @ RMIT*

*School of Global, Urban and Social Studies*

*GPO Box 2476*

*Melbourne VIC 3001*

*Australia*

**Please read the following before you complete this application**

**OUR AMBIT**

1. We will only review cases where you have been convicted of a criminal offence and are claiming there are facts to support your claim that you are innocent of this offence
2. We will NOT review your case in the following circumstances:

* If your case is currently before a court
* If your claim of innocence is for a sexual offence and you have admitted sexual contact with the victim
* If your case relies on a legal defence (e.g. self-defence) or a technicality
* If your case involves risk to Bridge of Hope Innocence Initiative staff, students or volunteers
* If you have been convicted of, or have admitted, offences involving child pornography

1. We will not make contact with any victims of offences for which you have been convicted

Please complete this application carefully. We need you to provide as much information as you can in order for us to review your application. **Incomplete applications will be returned** and you will be asked to provide us with the missing information.

**Details of convicted person**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Prison |  |
| DOB |  | CRN |  |

|  |  |
| --- | --- |
| Postal address |  |
| Contact phone no. |  |
| Contact email address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you an indigenous Australian? | | Yes | No |
| Are you from a non-English speaking background? | | Yes | No |
| What is your first language? |  | | |
| Will you need an interpreter? | | Yes | No |

**Details of person who is applying on *behalf* of a convicted person**

|  |  |
| --- | --- |
| Name |  |
| Relationship with convicted person |  |

|  |  |
| --- | --- |
| Postal address |  |
| Contact phone no. |  |
| Contact email address |  |

|  |  |  |
| --- | --- | --- |
| Are you the nominated contact for the convicted person?  (*We will confirm these details with the convicted person)* | Yes | No |

**Is there another person we can contact in relation to this application?**

*(We will confirm these details with the convicted person)*

|  |  |
| --- | --- |
| Name |  |
| Relationship with convicted person |  |

|  |  |
| --- | --- |
| Postal address |  |
| Contact phone no. |  |
| Contact email address |  |

**What is the offence you claim you did not commit?**

*e.g. murder; manslaughter; armed robbery; burglary; sexual assault; rape; sexual assault with a minor; trafficking etc* (We will ask you more information about this offence on the next page)

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**How do you think we can prove that you are innocent of this crime?**

*e.g.**you have an alibi or there is DNA evidence that can be retested to prove that you did not commit the offence etc.*

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***\*\* If you need more space to write, you can use the blank pages at the end of this form.***

**Details of the offences you claim you did not commit**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What were you charged with?**  Please be specific about the offence, *e.g. armed robbery, assault, manslaughter, sexual assault* | | **Date of the offence** | **What did you plead for this offence?**  Use ⌧ | | **Were you convicted of this offence?**  Use ⌧ | | **What was your sentence for this offence?**  *e.g. 18 months* | **What was your defence for this offence?** *e.g. alibi, mistaken identification* |
| **1** |  |  | Guilty | Not guilty | Yes | No |  |  |
| **2** |  |  | Guilty | Not guilty | Yes | No |  |  |
| **3** |  |  | Guilty | Not guilty | Yes | No |  |  |
| **4** |  |  | Guilty | Not guilty | Yes | No |  |  |
| **5** |  |  | Guilty | Not guilty | Yes | No |  |  |
| **6** |  |  | Guilty | Not guilty | Yes | No |  |  |

**Details of your conviction and sentence**

|  |  |
| --- | --- |
| **Date of conviction** |  |
| **Court in which you were convicted** |  |
| **State: e.g. NSW** |  |
| **Name of judge** |  |
| **Total sentence** |  |
| **Scheduled release date** |  |

**Details of appeal**

|  |  |  |
| --- | --- | --- |
| Did you appeal against your conviction? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Did you appeal against your sentence? | Yes | No |

|  |  |
| --- | --- |
| Date of appeal |  |
| Place of appeal *e.g. Court of Appeal* |  |

|  |  |
| --- | --- |
| Date of appeal |  |
| Place of appeal *e.g. Court of Appeal* |  |

|  |  |
| --- | --- |
| Date of subsequent appeal |  |
| Place of appeal *e.g. High Court* |  |

**Legal Contacts**

|  |  |  |
| --- | --- | --- |
| **Committal solicitor** | Name | |
| Address | |
| Email | Ph. |
| **Committal barrister** | Name | |
| Address | |
| Email | Ph. |
| **Trial solicitor** | Name | |
| Address | |
| Email | Ph. |
| **Trial barrister** | Name | |
| Address | |
| Email | Ph. |
| **Appeal solicitor** | Name | |
| Address | |
| Email | Ph. |
| **Appeal barrister** | Name | |
| Address | |
| Email | Ph. |
| **Other** (e.g. lawyers at second appeal or inquest) | Name | |
| Address | |
| Email | Ph. |
| **Other** (e.g. lawyers at second appeal or inquest) | Name | |
| Address | |
| Email | Ph. |

**What kind of physical or biological evidence was found during your case?** E.g. vaginal swabs, blood, hair etc.

**What kinds of scientific tests were conducted?** E.g. DNA

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| --- | --- | --- | --- |
| **Physical/biological evidence** (vaginal swabs, blood, hair etc) or **scientific tests** (DNA tests etc) | Was this evidence used at your trial? | Do you believe testing or re-testing this evidence will help prove your innocence? WHY? | Do you have copies of the results of these tests? |
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**Did the prosecution use any other evidence?**

**e.g.** eye witness accounts, documentary records *(banking, medical etc.)*, evidence of motive, tendency evidence *(e.g. other similar conduct)*

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| --- | --- | --- | --- |
| **Other evidence** | **Was this evidence used at your trial?** | **Will further investigating this evidence help prove your innocence?** | **How will further investigating this evidence help prove your innocence?** |
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**What defences did you raise at trial?**

*E.g. alibi evidence or mistaken identification*

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**What evidence did your defence raise at your trial?**

**Can this be investigated any further?**

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| --- | --- |
| What evidence did your lawyers raise at trial in your defence? *E.g. statements of witnesses* | Will investigating this evidence further help prove your innocence? HOW? |
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**Was there any evidence that was *not* raised at trial in your defence?**

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| What evidence do you believe was *not* raised at trial in your defence? | Why do you think this evidence was not raised at trial? | Do you think further investigating this evidence will help prove your innocence? HOW? |
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**Case materials**

Please cross (X) the materials that you can give us. If you do not have the materials yourself, please tell us how we can get them. *Not all the material described below will be relevant to your case.*

|  |  |  |
| --- | --- | --- |
| **Material** | **Do you have this material available?** | **Where/how can we get this material?** |
| Transcript of inquest |  |  |
| Video recording of your record of interview (ROI) |  |  |
| Transcript of your interview with police |  |  |
| Police brief of evidence (incl. witness statements) |  |  |
| Other statements of witnesses |  |  |
| Depositions (transcript of your pre-trial hearing) |  |  |
| Transcript of your trial including verdict |  |  |
| Court documents from your trial |  |  |
| Copies of exhibits |  |  |
| Sentence |  |  |
| Correspondence with Legal Aid |  |  |
| Court documents relating to your appeal |  |  |
| Transcript of appeal |  |  |
| Appeal decision |  |  |
| **If you had a co-accused:** |  |  |
| Video recording of your co-accused’s ROI |  |  |
| Transcript of co-accused’s interview with police |  |  |

**Were any laboratory and medical reports used or produced in your case?**

Please itemise below

|  |  |  |
| --- | --- | --- |
| **Laboratory or medical reports** | **Do you have this material available?** | **Where can we obtain this material? Who has these?** |
| DNA tests? |  |  |
| Fingerprints? |  |  |
| Ballistics? |  |  |
| Autopsy? |  |  |
| Toxicology? |  |  |
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**Were any other materials used or produced in your case?**

Please itemise below

|  |  |  |
| --- | --- | --- |
| **Other materials** | **Do you have this material available?** | **Where can we get this material?** |
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