

Initial Screening for Pro-Bono Clemency Application Assistance for Survivors of Human Trafficking or Domestic Violence

In completing and submitting this intake form, I am requesting pro-bono clemency application assistance (a process established by BPP-DIR. 143.370 on February 20, 2020). This assistance will be to review my conviction(s), to investigate the statements made under oath in this document, and if legally justified by the facts in my form, recommend that my case be considered for pro-bono or other clemency application assistance. I understand that completing and submitting this intake form in no way guarantees that I will be provided assistance of any kind. As this is a pro bono clinic, I also understand that even if a recommendation is made for my case to receive pro bono support, there may be delay as demand might be higher than the number of pro bono attorneys working on this project.

A. Demographic Information (use blue or black ink)

Full Name Names Previously Used	Last Name: _____	First Name: _____	Middle Name: _____
Race and Sex*	Race: _____ Sex: _____		
	*Collected for statistical purposes only. This information will not be considered during this intake process		
Date and Place of Birth	Date of Birth: _____ (mm/dd/yyyy)	Place of Birth: _____	
Driver's License	State: _____	License Number: _____	
Current Marital Status	<input type="checkbox"/> Married Spouse's Name: _____		
(Check one of the following option boxes)	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single		

B. Contact Information

Contact Information	Current Mailing Address
	Address: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (Number and Street) (Apt #) </div> <hr/> <div style="display: flex; justify-content: space-around; width: 100%;"> (City) (State) (Zip Code) </div>
	Current Physical Address
	Address: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (Number and Street) (Apt #) </div> <hr/> <div style="display: flex; justify-content: space-around; width: 100%;"> (City) (State) (Zip Code) </div>
	Phone Number: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (Cell) (Home) (Work) </div>
	Email: _____

C. Applicant Information

Trial/Conviction Information	Offense History, County of Conviction, and Conviction Dates: <hr/> <hr/> <hr/> <hr/> <hr/>
*Please attach additional criminal history information as necessary.	To the extent that you recall who your attorney was at the time of your conviction or appeal, can you please provide the names and contact information (if available): Name of Attorney: _____ Contact Information for Attorney: _____ Does the attorney still represent you? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your case appealed? <input type="checkbox"/> Yes <input type="checkbox"/> No

	<p>On what grounds was it appealed? _____</p> <p>_____</p>
<p>Detention Information</p>	<p>Are you seeking clemency for more than one conviction? If yes, please provide as much detail as you can about these additional convictions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Are you currently incarcerated? ___ Yes ___ No</p> <p>If yes, please answer the following:</p> <p>What is your TDCJ number? _____</p> <p>In what facility are you being detained? _____</p> <p>How long have you been incarcerated? _____</p> <p>Date of your next parole hearing: _____</p> <p>Have you been denied parole before? ___ Yes ___ No</p> <p>If yes, how many times and please state the reason(s) for your denial:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Current Prison Custody Level: _____</p> <p>Have you completed any educational, vocational, or certified on-the-job training programs during your current incarceration? If yes, please list the completed program(s), along with the date of completion:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Parole Information</p>	<p>Have you ever or are you currently on parole or supervision? ___ Yes ___ No</p>

	<p>If yes, what form of supervision and with what agency? _____</p> <p>_____</p> <p>Have you ever been revoked? ___ Yes ___ No</p> <p>If yes, what grounds were provided? _____</p> <p>_____</p> <p>_____</p>
Medical and Mental Health Information	<p>Do you have or have you ever had any serious medical conditions, including any disabilities or mental health diagnoses? Do you need any disability accommodation to complete this application and, if so, what kind do you need?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>To the best of your knowledge, have you ever suffered from a serious medical or mental health condition that was caused by or exacerbated by an abuser?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Support	<p>Do you know someone other than yourself who might be eligible for clemency as a result of human trafficking or domestic violence? If so, please provide their name and contact information.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Additional Outreach	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

E. Certification by Applicant

Please read the following statements carefully and indicate your understanding and acceptance by signing the space provided.

By signing this document I give my permission to Lone Star Justice Alliance, Texas Criminal Justice Coalition, and all other partners of the "Survivors' Project" collaborative to request and receive my information of record as needed in the investigation of this application; and I understand that granting permission for access to this information is sufficient for consideration of this application for pro-bono clemency application assistance, but that permission and investigation does not mean I am guaranteed pro bono support, or a granting of clemency. Additionally, I understand that completing and submitting this intake form in no way guarantees that I will be provided assistance of any kind.

I also understand that, in order for a pro bono attorney to represent me, members of the Survivors Project Collaborative must share the information I've included in this intake form with potential pro bono attorneys for their consideration. That attorney review will be protected under attorney client privilege and my privacy rights will be preserved in that process. I also understand that members of the Survivor Project Collaborative will use data from these intake forms in an anonymized form for statistical purposes.

Release: allowing us to distribute this information to potential pro bono attorneys. And we release that allows us to collect the data for statistical purposes.

I hereby swear upon my oath that I am the person named in this form and the facts listed in this application are true and correct to the best of my knowledge and ability.

Applicant's Signature (Full Name)

Date