

**BEYOND GUILT HAWAI'I
APPLICATION FOR ASSISTANCE**

THIS APPLICATION MUST BE COMPLETED AND SIGNED BY THE APPLICANT.

Beyond Guilt Hawai'i is a legal clinic for law students at the William S. Richardson School of Law ("WSRSL") which under the supervision of WSRSL faculty, staff, and volunteer attorneys assist individuals, formerly or currently incarcerated, who may have been unfairly or overly sentenced. The Beyond Guilt Hawai'i clinic will review your application once received. Upon review of your case, if the Beyond Guilt Hawai'i believes that you have a cause for legal action, an attorney with the Beyond Guilt Hawai'i clinic will discuss legal representation with you.

Please print neatly. If you need more space, please write on the backs of pages or use extra paper. If you do not know the answer to a question, just state that you don't know. Please do not send any documents with your application unless requested.

Return the completed Application and Release to:

**Beyond Guilt Hawai'i
William S. Richardson School of Law
Attn: Jennifer Brown
2485 Dole St., Suite 206
Honolulu, HI 96822**

BACKGROUND INFORMATION

Full Legal Name:	Inmate No.:
Address:	
Phone no:	Date of Birth:
Race/Ethnicity:	
Primary Language:	

COURT CASE INFORMATION

List any relevant past or pending charge(s) relating to the incident for which you are applying:	
Case No(s):	
Court:	Judge:
Is your case pending (ongoing)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If your case is pending, what is the next court date?	
If you are currently in custody, what is your expected release date (if known):	
- Date of incarceration:	
- Date of sentence:	
- Maximum sentence:	
- Minimum sentence (HPA):	
- Parole eligible date:	

CASE SCREENING QUESTIONNAIRE

1. Which type of case you would like Beyond Guilt Hawai'i to review? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Pardon | <input type="checkbox"/> Commutation |
| <input type="checkbox"/> Compassionate Relief | <input type="checkbox"/> Drug Offense (personal use) |
| <input type="checkbox"/> Expungement | <input type="checkbox"/> Record Sealing |
| <input type="checkbox"/> Parole | <input type="checkbox"/> Disability/Elder/Mental Health |
| <input type="checkbox"/> Legal Innocence/Illegal Sentence | <input type="checkbox"/> Other _____ |

2. What date(s) did the violation occur?

3. Briefly describe the facts/circumstances that lead to your charge(s)/claim(s). You may use the back of this page or separate paper if needed.

4. Did you appeal your conviction? Yes No

If yes, please provide your case information and the result of your appeal:

5. Did you file any post-conviction petition(s) of your conviction? Yes No

If yes, please provide your case information and the result of your post-conviction petition(s):

6. Have you been before the parole board since you were given your minimum sentence?

Yes No

If yes, what was the result of your parole hearing(s):

7. What programs have you completed while incarcerated?

8. What disciplinary actions (right ups) have you received while incarcerated?

9. Since your arrest/conviction/incarceration, what changes or things have you done that you think should give your case a second look and second chance?

10. List all person(s) and/or agencies who you believe has information relating to your case(s)/claim(s)? List all persons/agencies with contact information if known.

11. If you would like to authorize any other person(s) for Beyond Guilt Hawai'i and its attorneys to communicate with regarding your case, please include their names and contact information below:



CONSENT TO INVESTIGATE AND RELEASE OF INFORMATION

I, _____ (print name) hereby authorize the Beyond Guilt Hawai'i, its attorneys, and any other individuals associated with Beyond Guilt Hawai'i, including law students to investigate my claim(s).

I authorize the Beyond Guilt Hawai'i and any of its attorneys, staff, and law students to communicate with all entities and persons, including my current and/or former attorney(s), investigator(s), and anyone else who may have any information relevant to my claim(s) and to release any and all records, files, reports, and information of any kind related to me or involving me, including but not limited to: legal files/papers, attorney files and records, court documents, medical records, laboratory analyses, probation reports, police reports, witness statements, court pleadings, correctional records, presentencing reports, documents in prison social services, and any other information necessary for the Beyond Guilt Hawai'i to investigate my claim(s).

I understand there may be statutes, rules, and regulations that protect the confidentiality of some of the records, files, reports, and information covered by this release but it is my specific intent to waive the protection of all such statutes, rules, and regulations so that confidential information can be shared with the Beyond Guilt Hawai'i.

Beyond Guilt Hawai'i and affiliated individuals reviews cases for the sole purpose of investigating claims. Beyond Guilt Hawai'i does not act as legal counsel to any person whose claims are being investigated, until and unless the Beyond Guilt Hawai'i through its legal counsel and designees, specifically agrees in writing to take on such representation. I understand that Beyond Guilt Hawai'i does not represent me, and that by conducting an initial investigation, Beyond Guilt Hawai'i is not agreeing to represent me. I further understand that at any point Beyond Guilt Hawai'i, at its sole discretion, may determine that further investigation is not warranted, and that if this occurs Beyond Guilt Hawai'i is under no obligation to continue to investigate the matter or to represent me.

By my signature below, I represent that this waiver is voluntary and given without any reservation. This authorization is effective until revoked by the undersigned in writing.

Printed Name: _____

Signature _____

Date _____

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