

EJM Wall Prisoner Questionnaire

General Information

Last Name _____ First Name _____ Middle Name _____ Age _____ Race _____

US Citizen? ____ Yes ____ No If not a US citizen, what country are you a citizen of? _____

Prisoner Identification Number _____ Prison (Please give full name of Facility) _____

Address _____ City _____ State _____ Zip+4 _____

Case Information – Circle if relevant or fill in blanks as provided

Case Name & Docket Number: _____ Federal Charge _____ State Charge _____

Plea bargain or trial? Length of prison sentence ____ Years ____ Months State where indicted _____

If any, what drug(s) and weight(s) were involved in sentencing? _____
_____ Are you serving and mandatory minimum sentence? ____ Yes ____ No

Was there forfeiture? ____ Yes ____ No If "Yes," was it Civil or Criminal? Estimated value? \$ _____

Did you have a Public Defender, hired attorney, or did you represent yourself? _____

Attorney Name _____ Address _____ Phone _____

Year indicted _____ Year of Plea Bargain or trial conclusion _____ Date of Sentencing _____

Cost of bail, if any? \$ _____ Granted pretrial release? ____ Yes ____ No Conspiracy charge? ____ Yes ____ No

Were you offered a reduction in sentence in exchange for cooperation? ____ Yes ____ No

Did you cooperate by providing assistance to prosecutors or other law enforcement? ____ Yes ____ No

Did others provide information against you? ____ Yes ____ No If "Yes," was it a co-defendant or confidential informant?

Were there weapons charges? ____ Yes ____ No If "Yes," what charges? _____

Were you ultimately convicted of, or did you accept a plea bargain for the weapons charges? ____ Yes ____ No

List previous criminal charges and years of convictions on your criminal record: _____

Additional comments on your case (Attach 2 page summary if necessary): _____

Please send your Pre-Sentencing Investigation report or equivalent document if you are a state prisoner.

PSI enclosed? ____ Yes ____ No **Remember, we will not publish your case on our wall without this document.**

Personal Information – Circle if relevant or fill in blanks as provided

Trusted contact persons or advocates we may contact with information about your case:

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

Will this person have any objections to answering further questions regarding your case? ____ Yes ____ No

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

Will this person have any objections to answering further questions regarding your case? ____ Yes ____ No

Your Marital Status: Married Single Divorced Engaged Number of children: _____

Children names and ages if applicable: _____

Are you in contact with your children? ____ Yes ____ No Phone? Prison visits? How often? _____

How many miles are you from where your immediate family resides? _____

List any health problems you currently suffer from: _____

List any addiction problems you suffered from before arrest: _____

Check List – I have enclosed the following items:

NOTICE: To be considered for publication on our wall, you must include your story, Pre-Sentencing Investigation report (PSI will remain confidential), and a photo. Photos with family/children during visitation are preferred.

My PSI: ____ Yes ____ No If "No," please explain: _____

Family/Friends visitation photo: ____ Yes ____ No Photo of myself: ____ Yes ____ No

Other: _____

I want my mailing address printed with my story of the wall: ____ Yes ____ No

Please do not send additional legal documents, appeals, transcripts, or potential legal arguments. We do not have a legal staff. If we require additional information, we will request them from you or your trusted contact person(s). If you have requested to have your address printed with your story on our wall, you must notify us if you are transferred.

IMPORTANT: PLEASE DO NOT SEND ORIGINAL PAPERWORK. WE CANNOT COPY OR RETURN DOCUMENTS.

Equal Justice Matters is fighting to bring awareness, promote equal justice/sentencing and policy change. One of our strategies is to publicize stories from those who are victims of our current system and drug laws. After receipt and corroboration of your story, photo and PSI, we may publish your story on our website at www.equaljusticematters.com.

I hereby release Equal Justice Matters from any liability whatsoever from any cause and for any reason, in connection with the release, dissemination, and publication of statements and information about me and the offenses for which I have been charged and/or convicted. **If you do not want your story publicized, do not sign below.**

Prisoner's Signature: _____ Date: _____



**Mail to: PO Box 140314 Anchorage AK 99514
OR
Email to: info@equaljusticematters.org**