Instructions

Date: _____

You are being asked to complete this because you were sentenced to life without parole for a crime alleged to have occurred when you were under 18 years old. If your case has appeals of any type that are still going on, you should talk with your attorney before completing this form. **Please complete this form and return it to: Elizabeth Calvin, Attorney at Law, Human Rights Watch, 11500 W. Olympic Blvd., Ste. 441, Los Angeles, CA 90064**. I will not use your name in any materials. All quotes will be used with a fake name. If you would like to remain completely anonymous, please complete the form but do not include your name or CDCR number and I will throw out your envelope so there is no identifying information connected with the form. Please feel free to use additional paper. Answer whatever questions you feel comfortable answering. Your perspective is *so important* to this work, thanks for your help.

Background

1. Name: _____
2. CDCR number: _____
3. Birth date: _____
4. Race:
   - ☐ African American
   - ☐ American Indian
   - ☐ Asian
   - ☐ Latino
   - ☐ White
   - ☐ Other _____

Conviction that resulted in the Life without Parole ("LWOP") Sentence

5. How old were you at time of the alleged crime? _____

6. What city, town or neighborhood were you living in at the time?_____

7. With whom were you living? (For example with family, friends, on the street, in foster care, etc.)_____

8. What crime(s) were you convicted of?_____

9. What was your sentence?_____

10. Were there co-defendants? ☐ Yes ☐ No If yes, how many? _____
    a. If there were co-defendants, how old were they at the time of the crime? List ages:_____
    b. Did any co-defendants plead guilty? ☐ Yes ☐ No
    c. What ages were the co-defendants who pled guilty? _____
    d. What were the sentences of all your co-defendants? Please state whether each pled guilty or had a trial. For example: "Pled—got 25 to life."_____
    _____

11. Were you convicted of felony murder (involved in a felony that resulted in a murder)?
☐ Yes ☐ No

12. Were you the person convicted of physically committing the crime? □ Yes □ No

a. If your answer is no, were you aiding/abetting, an accomplice, or involved in act with other people that resulted in the LWOP sentence? □ Yes □ No

b. If yes, please explain. _____

_____

13. Were you offered a plea agreement from the prosecuting attorney? □ Yes □ No

a. If yes, did you accept the plea agreement? □ Yes □ No

b. If offered a plea agreement, was the plea agreement for a sentence less than the sentence you are serving currently? □ Yes □ No □ I don't know

14. Did you have a trial? □ Yes □ No

a. If yes, was it with a jury? □ Yes □ No

15. What was the age, gender and race of the victim(s) of the crime? _____

16. Did you know the victim(s)? □ Yes □ No

a. If yes, what was your relationship with the victim(s)? _____

17. If you could communicate with the family of the victim(s) or any surviving victims, what would you say?_____

_____

_____

18. Prior to your sentencing hearing, did your attorney tell you that you could have people speak on your behalf at the sentencing hearing? □ Yes □ No

19. At your sentencing hearing did anyone speak up for you? □ Yes □ No

a. If yes, who and what did they say? _____

20. At your sentencing hearing, did your attorney argue that you should get a sentence less than LWOP, for example, 25 to life? □ Yes □ No a. Please describe: _____

_____

21. Did the judge say anything about why he or she chose a LWOP sentence?

□ Yes □ No a. Please describe:_____

_____

22. Do you have an attorney helping you on appeal right now? □ Yes □ No

a. If yes, who? _____

23. Were you accused of being a member of a gang in your crime? □ Yes □ No

24. If you were involved, why do you think you got involved with this crime?_____

_____

_____

25. Looking back at your actions that day, what would have you done differently?_____
_____
_____

Life Prior to Arrest

26. As a teenager, did you receive any counseling, treatment, probation, or participate in other programs (for example, Boys and Girls Club, YMCA, mentoring, etc.) intended to keep you out of trouble? □ Yes □ No a. Please describe: _____
_____

27. What was the last grade you completed in school before being arrested?_____

28. What were your grades like in school? [Check one] ☐ Mostly A's and B's
☐ Mostly B's and C's ☐ Mostly C's and D's ☐ Mostly failing ☐ Other: _____

29. Were you ever enrolled in special education? □ Yes □ No

30. Has anyone ever told you that you have learning disabilities?
□ Yes □ No a. If yes, what are the disabilities? _____
_____
_____

31. Had you ever been diagnosed with any major physical or mental health issues prior to your arrest? □ Yes □ No a. If yes, please provide some details:_____
_____

32. Did you drink alcohol or take drugs prior to your arrest? □ Yes □ No
a. If yes, how often and how?_____

33. Did you ever receive any mental health counseling or treatment for substance abuse prior to your arrest? □ Yes □ No

34. Were you taking any type of medication before your arrest? □ Yes □ No
a. If yes, what medication and what was it for?_____
_____

35. Do you feel mental health problems, disabilities or substance abuse played a role in your crime? □ Yes □ No

36. Had you ever been in foster care, a group home or lived with people other than your parents? □ Yes □ No a. If yes, please describe: _____
_____

37. Are there things that happened in your childhood that you would like to share?
_____
_____
_____

Experience in CDCR

38. How old were you when you entered the CDCR? _____

39. Can you describe your experience as a young person entering CDCR? Do you remember how you felt?_____
_____
_____

40. How long have you been in prison? _____

41. Do you have access to programs (For example, GED, other education, AA, NA, counseling, etc.) in prison? □ Yes □ No
    a. Why or why not?_____
    _____
    b. If yes, what self-improvement programs have you participated in since being at CDCR?_____

42. Are you taking any medication now? □ Yes □ No
    a. If yes, what medication and what is it for? _____
    _____

43. What do you do with your time?_____

44. Have you been assaulted or threatened while serving your sentence? □ Yes □ No
    a. Have you witnessed violence while serving your sentence? □ Yes □ No
    b. If yes to either, please describe:_____
    _____
    _____
    c. How has that affected you? _____
    _____

45. What has it been like for you to be in prison?_____
_____
_____

Perspective

46. How would you describe your life at the time of the crime? _____
_____
_____

47. What were your interests at the time? What was your personality like? Were there pressures that you felt at that time? _____
_____

48. Can you describe how you are the same or different than you were at the time of the crime?_____

_____
_____

49. What are your interests now? What is your personality like? What pressures do you have?_____
_____

50. If you were released from prison, what would you hope to do?_____
_____
_____

51. Many people serving LWOP are in prisons far from family and friends. Do you have people visit you? □ Yes □ No **a.** If yes, how often? [*Check one*]

□ Once every 5 to 10 years
□ Once every 2 to 5 years
□ Once a year
□ Several times a year
□ Every month
□ Every week
□ Other _____

52. Would you please describe the experience of being separated from family and friends?
_____
_____

53. What are your hopes for the future?_____
_____
_____

54. If you had the opportunity to appear before a parole board, what would you say?
_____
_____

55. Is there anything else you would like to say about the sentence of life without parole for juveniles? _____
_____
_____

56. Do you have family members or friends whose contact information you could give us? (Names, relationship, phone number. For example: "My mother, Linda Smith, Tel: (123)456-7890_____

57. Do you have a photo of yourself taken within one year of the crime that you or a family member could send us? □ Yes □ No

58. Is there anything else you would like to tell me?
_____
_____
_____
_____