



Screening Application

Beyond Guilt is seeking to free people who admit guilt, have served significant amounts of their sentences, have rehabilitated themselves and are ready to rejoin society. If you are claiming that you are innocent on all charges for what you were convicted, we will not be able to represent you. If you would like to be considered for this program, please fill out the form to best of your ability. Completion and return of this form does not mean we are agreeing to represent you. All the information you share with us will remain confidential.

I admit that I participated in conduct that led to my conviction and incarceration: Y or N Plea ____ or Trial ____

Name _____ Institution # _____

Institution _____ Security Level _____

Offense(s) which are the basis for incarceration _____

Admission Date _____ Time Served to Date _____ County of Conviction(s) _____

Sentence Information and Case Number(s) (Please be as detailed as possible)

Previous Parole Hearing Date(s) (if applicable) _____

Next Parole Hearing Date (if applicable) _____

Co-Defendant(s) in Case (if applicable)

Did you appeal your conviction (please include the basis for your appeal)?

Is your appeal finished: Y or N

Please list all Tickets/RIB Infractions during the last 5 years

Have you filed for Post-Conviction or Habeas relief? If so, please describe the grounds for relief and whether the case(s) are still pending

Is there any additional information that you think we should know?

How many programs or certificates have you completed? _____

Signature: _____

Date: _____

Return completed application to:

Beyond Guilt

Jorge Dalence

215 East Ninth Street, Suite 601

Cincinnati, OH 45202

You can attached a letter explaining the circumstances of your case

Download this form at: www.beyondguilt.org