

CONFIDENTIAL CASE EVALUATION FORM

The answers to these questions are for case management and budgeting purposes only and will not be binding in any respect on substantive issues to be raised in the course of litigation.

NAME OF PETITIONER:

DISTRICT COURT CAUSE NUMBER:

NAME AND ADDRESS OF ATTORNEY(S)

Lead Counsel:

Address:

Telephone:

Fax No:

E-Mail: _

Co-Counsel:

(See rate justification worksheet for co-counsel)

Address:

Telephone:

Fax No:

E-Mail: _

STATE LEVEL PROCEEDINGS

1. Did (or does) either lawyer represent the petitioner during any part of the state proceedings?

G No -- proceed to question #2

G Yes (indicate which lawyer)

If yes, in what aspects of the case?

2. Has a state post-conviction proceeding (including a unified appeals/post-conviction proceeding) involving the same judgment and sentence been filed?

G No **G**Yes Date: _____ Court: _____

3. Were funds allocated at the state level for state post-conviction investigation?

G No

G Yes

Purpose

Amount
Requested

Amount
Authorized

4. Was discovery requested at the state postconviction level?

G No **G** Yes

Nature of Discovery Requested

Was it:
Granted? Denied?

5. Was an evidentiary hearing held at the state level?

GYes **G** No

STATUTE OF LIMITATIONS

Based on current information, what is the date required by the federal habeas statute of limitations for filing of the petition?

THE RECORD

1. Has the complete record been assembled?

G Yes

G No: Location of state post-conviction record: _____

2. Have the files of all prior counsel been obtained? **G** Yes **G** No

3. As accurately as possible (recognizing that it may be an estimate at this point), provide information about the size of the record:

<u>Type of Record</u>	<u>No. of Pages</u>
Trial transcript and exhibits	_____
Penalty phase transcript	_____
State appellate pleadings and briefs	_____
State postconviction record (including transcripts, pleadings, motions and exhibits)	_____ _____
Ancillary files and records (including prior counsel's case files, co-defendant files investigative reports, etc.)	_____
Total Pages	=====

Please enter your estimate of the time (# of hours) required to review the record on the "Phase I and II Case Management Plan and Budget Form".

FACTORS AFFECTING CASE COMPLEXITY

Check all the factors applicable to this case and provide information that will allow determination of whether the case may be especially complex or costly:

G Age of the defendant:

G Co-defendants.

Number:

G Number of victims:

G Related cases.

Summarize:

- G Prior convictions.
Number and type:
- G Elapsed time since offense:
- G Elapsed time since trial(s)/sentencing hearings:
- G Informant involved
Number, type and availability of informant(s):
- G Serial homicides
Number of different offenses at separate locations:
- G Number of death eligibility circumstances alleged: _____
List:
- G Other crimes charged
List:
- G Unadjudicated criminal conduct (404b)
Type and location:
- G Defendant's spent an extended time out of state or country
Location:

- G Defendant's family presently out of state or country
Location:
- G Witnesses or other investigation will require travel
- G Defendant's and/or family's background records were not obtained in state proceedings
- G There are issues as to competency/mental illness/or other disabilities
Explain impact on legal issues:

Explain impact on ability to communicate with client:

- G Use of drugs or alcohol at time of offense
- G Defendant suffered physical/mental abuse as a child
- G Translator required for defendant
- G Translator required for witnesses
Number of witness and types:

- G Scientific procedures will be required
Type:

- G No investigation at the state level
- G No evidentiary hearing at the state level
- G Other issues - Describe:

