

The Guide to Case Management and Budgeting in Capital Habeas Cases

Appendix B

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 ATTORNEY(S)

Lead Counsel: _____

Co-Counsel: _____
(See rate justification worksheet for co-counsel)

STATE LEVEL PROCEEDINGS

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

No -- proceed to question 2.

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?

Yes

No

Date: _____

Court: _____

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

Yes

No

Purpose:

Amount Requested: _____

Amount Authorized: _____

4. Was discovery requested at the state level?

Yes

No

Nature of Discovery Requested: _____

Was it Granted or Denied?

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

Yes

No

STATUTE OF LIMITATIONS

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

THE RECORD

1. Has the complete record been assembled?

Yes

No

If No, location of state post-conviction record: _____

2. Have the files of all prior counsel been obtained?

Yes

No

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

Type of Record

No. of Pages

Trial transcript and exhibits:

State appellate pleadings and briefs:

Transcript of penalty phase if guilty plea entered:

State post-conviction 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 required to review the record on the “Phase I and II Case Management Plan and Budget Form”.

FACTORS AFFECTING CASE COMPLEXITY

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

Age of the defendant: _____

Co-defendants:

Number: _____

Number of victims: _____

Related cases.

Summarize:

Prior convictions.

Number and type: _____

Elapsed time since offense: _____

Elapsed time since trial: _____

Informant involved.

Number, type and availability of informant(s):

Serial homicides.

Number of different offenses at separate locations: _____

Number of death eligibility circumstances alleged: _____

List:

Other crimes charged.

List:

Unadjudicated criminal conduct.

Type and location:

Defendant spent an extended time out of state or country

Location:

Defendant's family presently out of state or country

Location:

Witnesses or other investigation will require travel

Defendant's and/or family's background records were not obtained in state proceedings

There are issues as to competency/mental illness/or other disabilities

Explain impact on legal issues:

Explain impact on client relations:

Use of drugs or alcohol at time of offense

Defendant suffered physical/mental abuse as a child

Translator required for defendant

Translator required for witnesses

Number of witness and types:

Scientific procedures will be required
Type:

No investigation at the state level

No evidentiary hearing at the state level

Other issues (Describe):