

# Drug War Prisoner Questionnaire

**NOTICE: You must also send your story, Pre-Sentence Investigation report (if available - PSI's remain confidential), and a family visitation photo, and/or photo of yourself and your family or children if possible.**

## General Information

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ 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 what is 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: \_\_\_\_\_

What drug(s) and weight(s) involved in sentencing? \_\_\_\_\_

Are you serving a mandatory minimum sentence? Yes \_\_\_\_\_ No \_\_\_\_\_

Was there forfeiture? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", Civil or Criminal? Estimated Value? \$ \_\_\_\_\_

What kind of legal representation did you have? Public Defender or hired attorney? \_\_\_\_\_

Attorney Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Year Indicted \_\_\_\_\_ Year of Plea Bargain or Trial Conclusion \_\_\_\_\_ Date of Sentencing \_\_\_\_\_

Were you granted bail or pretrial release? Yes \_\_\_\_\_ No \_\_\_\_\_ Was there a conspiracy charge? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you offered a reduction in sentence 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, a co-defendant or confidential informant?

Were there weapon charges? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what charges? \_\_\_\_\_

Were you convicted of (or accepted a plea bargain) to these weapon charges? Yes \_\_\_\_\_ No \_\_\_\_\_

List years and type of prior criminal activity that you have on your criminal history record: \_\_\_\_\_

Additional Comments on your case (Please feel free to attach a 2 page summary)

Please send your Pre-Sentencing Investigation (PSI) report or equivalent corroborating documents (if available).

I have enclosed my PSI or other documents: \_\_\_\_\_ Yes \_\_\_\_\_ No **Remember, we cannot publicize your case without some verification**



Mail to: 282 West Astor - Colville, WA 99114

**Personal Information - circle what is relevant, or fill in blanks as provided.**

Outside Family Contact Persons:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has this person received a copy of our newspaper, *The Razor Wire*? Yes \_\_\_\_\_ No \_\_\_\_\_

Will this person(s) have any objections to answering further questions about your case? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has this person received a copy of our newspaper, *The Razor Wire*? Yes \_\_\_\_\_ No \_\_\_\_\_

Will this person(s) have any objections to answering further questions about your case? Yes \_\_\_\_\_ No \_\_\_\_\_

Your Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Engaged \_\_\_\_\_ Number of Children \_\_\_\_\_

Names and Ages of children: \_\_\_\_\_

Are you in contact with your children? Yes \_\_\_\_\_ No \_\_\_\_\_ Phone ? Prison Visits? How Often? \_\_\_\_\_

How many miles are you from where your primary family members now reside? \_\_\_\_\_

List any health problems: \_\_\_\_\_

List any addiction problems you had before arrest: \_\_\_\_\_

**Check List - I have enclosed the following items:**

My PSI or other documents: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explanation \_\_\_\_\_

Family/Friends visitation photo: Yes \_\_\_\_\_ No \_\_\_\_\_ Photo of myself: Yes \_\_\_\_\_ No \_\_\_\_\_

Photos of my children: Yes \_\_\_\_\_ No \_\_\_\_\_ Two page (or less) summary of my story: Yes \_\_\_\_\_ No \_\_\_\_\_

Other: \_\_\_\_\_ Please do not send additional legal documents, appeals, transcripts or potential legal arguments.

We do not have a legal staff. If we need more information, we will request it from you. **Always** keep us informed if you are transferred.

IMPORTANT: PLEASE DO NOT SEND ORIGINAL PAPERWORK.  
WE CANNOT COPY OR RETURN DOCUMENTS EXCEPT IN RARE CIRCUMSTANCES.

\_\_\_\_\_ Yes, I want my mailing address printed on the website. And by saying yes, I agree to update you if my address changes

**Release**

The November Coalition is working to end the drug war, and one strategy in obtaining our goal is to publicize the stories of those who are victims of our drug laws. After receipt of your story, photo and PSI, we may put your story on our internet website at [www.november.org](http://www.november.org), or publish in our newspaper, *The Razor Wire*. **If you do not want your story publicized, do not sign below.**

I hereby release The November Coalition Foundation 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 or convicted.

**Prisoner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_