

# CAPITAL CASE DEFENSE SEMINAR CASE CONSULTATION QUESTIONNAIRE

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At this year's Capital Case Defense Seminar, we are scheduling case consultations. All case consultations must be scheduled prior to the conference.

Facilitators and participants will find mutually exclusive times to meet virtually on the participant's own platform. To help us prepare for the consult, please complete this form and return it to Mary-Alice Burns by **February 1, 2023**. All members of your team are welcome to participate in the consult. Please return this form at the time you register for the conference because the number of consults will be limited.

Please download this form, and **type** in the information (no handwritten forms), and email the completed form to Mary-Alice Burns [mburns@pubdef.lacounty.gov](mailto:mburns@pubdef.lacounty.gov). **Before sending, please print out your form and review to make sure all information is there. Should you need additional room, please see the third page of this questionnaire. There is limited room on the specific questions that will not show up if you go over.**

**Your Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Cell phone number where you may be reached during the conference:** \_\_\_\_\_

**Check One:**  Attorney  Mitigation Specialist  Investigator  Other (Please describe role in case):  
\_\_\_\_\_

**Besides you, will any other members of your team be participating? If yes, please give their name and their role in the case.** \_\_\_\_\_  
\_\_\_\_\_

**Years in Capital Defense Practice:** \_\_\_\_\_

**Name of Client:** \_\_\_\_\_

**Any codefendants?**  Yes  No **If yes, name of co-defendant (s) and co-counsel:** \_\_\_\_\_

**Is there any conflict with any other defendant we need to be aware of when assigning a faculty member to the case:**

Yes  No **If yes, please describe:** \_\_\_\_\_

**Procedural Posture:**  Pre Trial  State Post-Conviction  Federal Habeas

**Jurisdiction:**  Federal State  California  Other: \_\_\_\_\_

**County or Federal District:** \_\_\_\_\_

**Year of Offense:** \_\_\_\_\_

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**Charged crime (s) & Specials Circumstances (Factors that make the client death eligible):**

\_\_\_\_\_

**Anticipated Trial Date:** \_\_\_\_\_

**For post-conviction cases, what is the procedural posture of the case?** \_\_\_\_\_

**Race/Gender of Defendant (s):** \_\_\_\_\_

**Race/Gender of Victim (s):** \_\_\_\_\_

**Has a plea been offered?**  Yes  No

**If yes, what is client's response?** \_\_\_\_\_

**Summary of facts of Crime:**

\_\_\_\_\_  
\_\_\_\_\_

**Summary of Aggravation:**

\_\_\_\_\_  
\_\_\_\_\_

**Theory of Mitigation, including the Theory of Mitigation at Trial (if post-conviction case):**

\_\_\_\_\_  
\_\_\_\_\_

**Describe the most important mitigation witnesses and themes you have identified so far (for post-conviction cases, what expert witnesses have you retained or are you considering retaining?):**

\_\_\_\_\_  
\_\_\_\_\_

**What kinds of mental health issues are there in your case?**  Yes  No

*If yes, please describe:*

\_\_\_\_\_  
\_\_\_\_\_

**Have you hired any mental health experts?**  Yes  No

*If yes, please describe:*

\_\_\_\_\_  
\_\_\_\_\_

**Have there been any state or prior mental health assessments of your client?**  Yes  No

*If yes, please describe:*

\_\_\_\_\_  
\_\_\_\_\_

