



APPLICATION FOR COMPENSATION FROM THE EXONERATION FUND

State Form 56817 (R2 / 5-21)
INDIANA CRIMINAL JUSTICE INSTITUTE

* This information is for statistical purposes only and will have no effect on the eligibility of the applicant.

If you have questions or concerns, please contact the Indiana Criminal Justice Institute at 317-232-1233.

A. Exoneree Information		
Name of Exoneree (First, Middle Initial, Last)		Is the Exoneree the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other:
Race * <input type="checkbox"/> African American <input type="checkbox"/> Multiracial <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other:		
Address (number and street, city, state, ZIP code)		
E-mail address		Telephone number with area code ()
B. Applicant Information – If the same as Exoneree, leave blank.		
Name of Applicant (First, Middle Initial, Last)		Relationship to Exoneree
Address (number and street, city, state, ZIP code)		
E-mail address		Telephone number with area code ()
C. Crime Specific Information		
Cause number of original case	Court of jurisdiction	
Date of conviction(s) (mm/dd/yyyy)	Date conviction was reversed / vacated / pardoned / set-aside (mm/dd/yyyy)	
Type of crime convicted of	Number of years / months / days incarcerated post-conviction	
What form of exoneration did you receive? <input type="checkbox"/> Sentence vacated <input type="checkbox"/> Pardoned by Governor <input type="checkbox"/> Conviction Set Aside <input type="checkbox"/> Conviction Reversed <input type="checkbox"/> Other:		
Cause Number of exoneration case	Name of Court Issuing exoneration order	
Name of Judicial Officer	Is the case still pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Civil Actions Relating to Original Conviction(s)		
Has the Exoneree been awarded or received restitution, damages, or any other monies in connection with the exoneration or pardoning of the conviction(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cause Number	Is the case still in process? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Court	Name of Judicial Officer	
Amount of Award	Has the case concluded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the case or any parts of the settlement confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are any other cases related to Exoneree's conviction(s)? If so, please provide case name, case number, and status.		
Attach the following documentation to this Application: <ul style="list-style-type: none">• Exoneree's Certified Order of Conviction• Exoneree's Certified Order of Sentencing• Exoneree's complete case record from a case record service (i.e., DoxPop, MyCase)• If Exoneree's conviction(s) was vacated, reversed, or set aside, the Certified Order of vacation, reversal, or the setting aside of the conviction(s)• If Exoneree's conviction(s) was pardoned by the Governor of the State of Indiana, the Pardoning Order from the Governor containing the Seal of the State of Indiana• If applicable, any certified settlement, damages, or restitution orders for monies paid to Exoneree in connection with the conviction(s)• Any documentation or information illustrating that Exoneree meets the definition of "actually innocent" set out in Indiana Code 5-2-23-2		

D. Releases and Certification

Release of Liability for Payments from the Exoneration Fund

I do hereby release the State of Indiana and the Indiana Criminal Justice Institute from any and all liability which may be connected with the processing of this application. In the event this application is approved, and the fund from which the claim is paid, is such that it is necessary to prorate the payment of the claim, I do hereby release and discharge the State of Indiana and the Indiana Criminal Justice Institute from any and all liability beyond the amount actually paid to me from the fund. A photocopy of this release of liability will be considered as effective and valid as the original.

Release of Liability and Covenant Not to Sue

In the event this application is approved, I do hereby, for myself, agents, executors, administrators, successors and assigns, release, acquit and forever discharge, the State of Indiana, the Indiana Criminal Justice Institute, any political subdivision of the State of Indiana, any applicable state agency of the State of Indiana, and it's or their past, present and future officials, members, officers, employees, attorneys, agents, representatives, successors and their respective heirs, administrators, executors, assigns, predecessors, successors, affiliates and subsidiaries, and any and all other responsible parties of and from any and all claims, actions, causes of action, demands, rights, obligations, liabilities, damages (including, but not limited to, consequential, incidental, compensatory, punitive and/or exemplary), debts, accounts, attorney's fees, costs, liens, dues, expenses and compensation of all kinds, known or unknown, foreseen and unforeseen, which I now have or which may hereafter accrue on account of or in any way growing out of my exoneration or pardon.

In the event this application is approved, I further covenant and agree on behalf of myself and my past, present, and future representatives, agents, servants, employees, divisions, predecessors, assigns and successors in interest, that I will not file, or permit to be filed on my behalf, any action, suit or administrative proceeding against State of Indiana, the Indiana Criminal Justice Institute, any political subdivision of the State of Indiana, any applicable state agency of the State of Indiana, and it's or their past, present and future officials, members, officers, employees, attorneys, agents, representatives, successors and their respective heirs, administrators, executors, assigns, predecessors, successors, affiliates and subsidiaries, and any and all other responsible parties concerning my exoneration or pardon, or take any other action which seeks to pursue or enforce any claim, demand, cause of action, suit or liability against State of Indiana, which has been released herein. A photocopy of this release of liability and covenant not to sue will be considered as effective and valid as the original.

Release of Information

I do hereby consent to the release of any and all information pertaining to this application and the underlying criminal offense(s) and any associated civil case(s) to the State of Indiana and the Indiana Criminal Justice Institute for purposes of investigating and making a determination regarding this application. I further consent to the State of Indiana and the Indiana Criminal Justice Institute investigating and obtaining written verification of all events and claims made within this application, including but not limited to contacting the following parties: law enforcement agencies that investigated the criminal offense(s); other agencies that investigated the criminal offense(s); prosecuting attorney or attorneys that charged or prosecuted the criminal offense(s); trial courts and judicial officers that tried the criminal offense(s); other courts and judicial officers that were involved with the applicant's exoneration; political subdivisions; local government(s); the Indiana parole board or clemency commission; the Indiana Department of Correction; victims of the criminal offense(s); the Indiana Office of the Attorney General; counsel for the applicant at any stage of the criminal offense(s); or identified counsel for any of the above individuals or agencies. I further consent to the State of Indiana and the Indiana Criminal Justice Institute obtaining written verification of all events and claims made within this application by virtue of acquiring any other evidence or documentation deemed necessary by the Institute staff to make a determination. A photocopy of this release will be considered as effective and valid as the original.

Signature of Exoneree	Date (mm/dd/yyyy)
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CERTIFICATION OF INNOCENCE

I do hereby certify, under penalties of perjury, that pursuant to Indiana Code 5-2-23-2, I am actually innocent with respect to the particular offense or offenses for which I have been exonerated or pardoned. I further certify, under penalties of perjury, that I did not commit the offense(s), did not commit, take part in or plan, prepare for, or participate in the planning or preparation of any other criminal act in connection with the offense or offenses for which I was exonerated or pardoned.

Signature of Exoneree	Date (mm/dd/yyyy)
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CERTIFICATION

I do hereby certify under penalties of perjury, that the statements made herein are true to the best of my knowledge and belief and were made for the purpose of inducing the State of Indiana, through the Indiana Criminal Justice Institute, to provide compensation to me from the Exoneration Fund as prescribed by Indiana Code 5-2-23.

Signature of Exoneree	Date (mm/dd/yyyy)
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