



# APPLICATION FOR COMPENSATION FROM THE PRISONER EXONERATION FUND

State Form 56817 (7-19)  
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, Last, Middle Initial)			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, Last, Middle Initial)		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"/> Sentenced 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.			
<p>Attach the following documentation to this Application:</p> <ul style="list-style-type: none"> <li>• Exoneree's Certified Order of Conviction</li> <li>• Exoneree's Certified Order of Sentencing</li> <li>• Exoneree's complete case record from a case record service (i.e., DoxPop, MyCase)</li> <li>• If Exonoree's conviction(s) was vacated, reversed, or set aside, the Certified Order of vacation, reversal, or the setting aside of the conviction(s)</li> <li>• If Exonoree'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</li> <li>• If applicable, any certified settlement, damages, or restitution orders for monies paid to Exoneree in connection with the conviction(s)</li> </ul>			

**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**

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.

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.

Signature of Exoneree

Date (mm/dd/yyyy)

**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, 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)

**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)