

Erroneously Convicted Person Claim Form

For Official Use Only

California Victim Compensation Board
P.O. Box 350
Sacramento, CA 95812-0350

Phone: (888) 883-3593 | Fax: (916) 491-6441
Email: HearingOfficer@victims.ca.gov
Website: www.victims.ca.gov

Section A. Claimant Information

Claimant's Name: CDCR Inmate Number: Date of Birth: Telephone Number:

Mailing Address: City: State: Zip Code:

Email Address (optional):

Section B. Attorney/Representative Information

Name of Attorney/Representative: Telephone Number:

Mailing Address: City: State: Zip Code:

Email Address (optional): Signature of Attorney/Representative: Signature Date:

Section C. Conviction Information

Felony or felonies for which claimant was convicted:

Counties where the conviction(s) occurred and the criminal court case number(s):

Date of Conviction: Length of Sentence Imposed:

Number of days incarcerated, both before and after conviction:

State prison(s) in which claimant's sentence was served:

Date of Finding of Factual Innocence: Date of Release from Imprisonment: Date of Discharge (if applicable): Date of Judgment of Acquittal (if applicable): Date of Grant of Pardon (if applicable):

Section D. Crime/Conviction Statement

Provide facts showing:

- A). That the crime with which you were charged was either not committed at all, or, if committed, was not committed by you; and
- B). That you did not plead guilty with the specific intent to protect another person from prosecution.

(Please use additional paper if necessary.)

Section E. Pecuniary Injury Statement

Provide facts showing that you would have been free from custody but for the erroneous conviction. Please list every conviction that was imposed at any time during your confinement.

(Please use additional paper if necessary.)

Section F. Declaration Statement

I declare under the penalty of perjury, under the laws of the State of California, that the foregoing is true and correct:

Claimant's Signature:

Signature Date:

Privacy Notice on Collection

1. CalVCB collects this information based on California Government Code sections 13952 et seq. and 13954, Penal Code section 4900 et seq., and California Code of Regulations, title 2, section 640 et seq.
2. All information collected from this site is subject to, but not limited to, the Information Practices Act. See <https://victims.ca.gov/media/pr.a.aspx>.
3. This information is collected for the purpose of determining eligibility for compensation.
4. CalVCB may disclose your personal information to another requester, only if required to do so by law or in good faith that such action is necessary to:
 - a. Conform to the edicts of the law or comply with legal process served on CalVCB or the site;
 - b. Protect and defend the rights or property of CalVCB; and,
 - c. Act under exigent circumstances to protect the personal safety of users of CalVCB, or the public.
5. Individuals are to provide only the information requested.
6. The information provided is voluntary.
7. The consequences of not providing the requested information could delay filing the claim or the claim not being filed.
8. The information collected is used by the Legal staff to process your claim.
9. Any questions regarding the information collected, please write to the following address: PO Box 350, Sacramento, CA 95812-0350, email CustodianOfRecords@Victims.ca.gov, call (888) 833-3593, or contact the CalVCB Privacy Coordinator at InfoSecurityAndPrivacy@Victims.ca.gov.