

PRIVILEGED AND CONFIDENTIAL

CASE APPLICATION FORM

Instructions:

- i. **Please read the enclosed document entitled, "Cases We Consider for Review ("Eligibility Guidelines")" before completing this application form.**
- ii. **Please respond as fully as possible to each of the following questions. Complete and accurate answers allow us to make faster and better decisions about what action the Innocence Project should take.**
- iii. **If you need more space to answer a question, please write on the back of the page or attach another sheet.**
- iv. **If a question does not apply to your case, please indicate "N/A".**
- v. **If you have difficulty completing the form, please request help or alternatively, contact our office at (604) 827-3616.**

This application does not create a solicitor-client relationship. The UBC Law Innocence Project will endeavour not to use or reveal the information you provide except in certain limited circumstances, including those described in any Authorization Form(s) signed in the past.

| Part 1. Brief Summary of Information: | |
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| Full Name (including any aliases): | |
| Offence(s) for which you were convicted (and claim innocence): | |
| Sentence Received: | |
| Are you currently in prison? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes , name of prison: | |
| Mailing address of prison: | |
| Parole Eligibility Dates: | Day Parole: Full Parole: |
| FPS Number: | |
| Name of current IPO: | |
| How long has this person been your IPO? | |

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| If not in prison, current address: | |
| Telephone: | |
| Email: | |
| Date of birth: | |
| Language: | <input type="checkbox"/> English <input type="checkbox"/> Other [please state]: |
| Do you have any medical problems or conditions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes , please specify: | |
| Has another agency or lawyer reviewed your case post-conviction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes , please provide the name of the lawyer or agency: | |
| If Yes , what is the status of your file with that lawyer or agency? | |

| Part 2. The individual filling out this form if NOT the Applicant: | |
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| Name: | |
| Address: | |
| Phone: | Home: Cell: Work: |
| Email: | |
| Your relationship to the convicted person: | |

| Part 3. The Offence(s) (for which innocence is claimed): | |
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| Offence(s) for which you were convicted (and claim innocence): | |
| Date of offence(s): | |
| Place of offence(s): | |
| Date of arrest: | |
| Place of arrest: | |

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| Name of appeal lawyer: | |
| Telephone number of appeal lawyer: | |

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| Part 6. The Supreme Court of Canada: | |
| Was there an appeal to the Supreme Court of Canada? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes , was "leave" required to appeal? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes , was "leave" granted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes , when? | |
| Has this appeal been heard? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes , when? | |
| Has a decision been rendered? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes , what was the result of the appeal to the Supreme Court of Canada: | |
| | |
| Name of lawyer at the Supreme Court of Canada: | |
| Telephone number of lawyer: | |

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| Part 7. Section 696.1 application (application for review by the Minister of Justice): | |
| Have you applied to the Minister of Justice for a review under s.696.1 of the Criminal Code? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes , when? | |
| If a lawyer was involved, what is his or her name? | |
| If you have any contact information for this lawyer, please provide it here: | |
| What was the result of this application to the Minister of Justice? | |
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| If you have a copy of any final decision made by the Minister of Justice, please send a copy with this application form. | |

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| Part 8. Your Innocence Claim: |
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(signature must be witnessed)

Name of witness

Signature of witness