







**PART 4: Information about the Conviction**

Type of Conviction (check):

- First Degree Murder
- Second Degree Murder
- Manslaughter
- Other Serious Offence: \_\_\_\_\_

Date of Alleged Offence (DD/MM/YY):		
Place of Alleged Offence:	City/town:	Prov./Territory:
Date of Arrest (DD/MM/YY):		

<b>Others Charged in Relation to the Same Alleged Offence</b>		
Name	Guilty or Not Guilty?	If Guilty, Type of Conviction:

**PART 4A: Court Information**

What routes have already been used by the applicant? Check all that are applicable.

- Guilty Plea
- Trial
- Appeal to the Court of Appeal (check all below subsections that apply)
  - Appeal from Sentence
  - Appeal from Conviction
- Appeal to the Supreme Court of Canada (check one of the below subsections)
  - Leave Not Required
  - Leave Denied
  - Leave Granted and Appeal Heard
  - Leave Granted and Appeal Not Pursued
- s. 696.1 Application (Ministerial Review Application)
  - Fresh evidence cited in application: \_\_\_\_\_

**PART 4B: Materials in Your Possession**

Do you have any materials related to this case in your possession? Please check all that are applicable. Please do not send any case materials to us at this time.

- Trial Transcripts
- Police Records/Statements
- Disclosure Material from the Crown
- Advice from Defence Lawyers
- Expert Witness Reports
- Appeal Books and Related Appeal Materials
- Other: \_\_\_\_\_

**PART 5: Information about the Guilty Plea, if applicable.**

Note: It is best if the applicant completes this section, if applicable.

Sometimes, innocent persons plead guilty.

If you pled guilty, why did you plead guilty? Why are you asserting your innocence now?

---



---



---



---



---

**PART 6: Information about the Trial**

Place of Trial (City/Town):	
Type of Trial:	<input type="checkbox"/> Judge Alone <input type="checkbox"/> Judge and Jury
Dates of the Trial (DD/MM/YY):	
Did the applicant testify at trial?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did any other witness testify for the Defence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did any experts testify for the Defence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Conviction (DD/MM/YY):	
Date of Sentencing (DD/MM/YY):	
Sentence:	
Name of Trial Lawyer:	
Telephone Number of Trial Lawyer:	
Address of Trial Lawyer:	

Briefly summarize the evidence presented by the prosecution at trial. Add extra pages, if needed. Examples: video, wiretaps, DNA, blood spatter, eyewitness identification, etc.

---



---



---



---

Briefly summarize the defence presented at trial. Examples: testimony, alibi, documents, etc.

---



---



---



---

**PART 7: Appeal Lawyer(s)**

<i>Contact Information</i>	<i>Court of Appeal</i>	<i>Supreme Court of Canada</i>
Name of appeal lawyer:		
Telephone number of appeal lawyer:		
Address of appeal lawyer:		



**Please check any of the characteristics to which you self-identify (please select all that apply):**

**Aboriginal**

- First Nations, Status Indian, Non-Status Indian
- Métis
- Inuit

**Racialized / Person of Colour / Ethnic Origin**

- |  |  |
|--|--|
| <input type="checkbox"/> Arabic  | <input type="checkbox"/> Black (e.g. African-Canadian, African, Caribbean)     |
| <input type="checkbox"/> Chinese   | <input type="checkbox"/> East-Asian (e.g. Japanese, Korean)                    |
| <input type="checkbox"/> Latin American, Hispanic                                      | <input type="checkbox"/> South Asian (e.g. Indo-Canadian, Indian Subcontinent) |
| <input type="checkbox"/> South-East Asian (e.g. Vietnamese, Cambodian, Thai, Filipino) | <input type="checkbox"/> West Asian (e.g. Iranian, Afghan)                     |
| <input type="checkbox"/> White   |  |

**I do not identify with any of these personal characteristics or prefer not to self-identify**

Was the conviction based, in part, on eyewitness identification?      *YES*      *NO*

**If YES,**

Were the eyewitnesses who identified you as the perpetrator part of your cultural/ethnic group?

*YES*      *NO*      *MIX: some were part of my group, but some were not*

***Preferred Language***

Are you completely fluent in English? \_\_\_\_\_

What is your mother tongue/first language? \_\_\_\_\_

What is your preferred language of communication? \_\_\_\_\_

***How did you hear about INNOCENCE CANADA? Circle all that apply.***

- |                                   |   |
|-----------------------------------|---|
| Family and Friends                | Lawyer  |
| Prison Official or Parole Officer | INNOCENCE CANADA Brochure/Educational Materials |
| Other Inmates                     | Other: _____                                    |



Innocence Canada

### **AUTHORIZATION**

In order for us to process this application, INNOCENCE CANADA may need to speak with the lawyers who acted for the applicant (the convicted person) at trial or on appeal, representatives of the police forces who investigated the case, representatives of the courts who have retained said case files, representatives of the Crown Attorney’s office who prosecuted said case and representatives of other organizations and institutions responsible for the investigation, prosecution and defence of said case. INNOCENCE CANADA may also need to review the files in the possession of the aforementioned parties. INNOCENCE CANADA cannot do so without the applicant’s authorization. The following Authorization, once completed by the applicant and returned to INNOCENCE CANADA, will allow INNOCENCE CANADA to discuss the case with the aforementioned parties and to request and review the relevant files in their possession.

To successfully complete the Authorization, the applicant must sign the Authorization below, and his or her signature must be witnessed. Anyone can witness the applicant’s signature. Although INNOCENCE CANADA will begin to process the Application Form as soon as we receive it, we will not begin to conduct a case review until we are in possession of a completed Authorization.

**INNOCENCE CANADA encourages all applicants to seek independent legal advice before signing the authorization and waiver and release forms below.**

---

I, \_\_\_\_\_, direct Innocence Canada (“INNOCENCE CANADA”) to review my case  
Print Full Name in which I was convicted of \_\_\_\_\_.

I authorize any and all persons or organizations who have worked on my case in the past, including but not limited to lawyers and innocence projects (hereinafter collectively referred to as “my agents”), representatives of the prosecuting Crown Attorney’s office, the investigating police forces, the courts and other organizations and institutions responsible for the investigation, prosecution and defence of my case (hereinafter collectively referred to as “other parties”) to release files pertaining to my case to INNOCENCE CANADA at INNOCENCE CANADA’s request, and to answer any questions that INNOCENCE CANADA and its representatives (hereinafter collectively referred to as “INNOCENCE CANADA”) may ask of them.

I authorize and expect that all answers provided by my agents and other parties to INNOCENCE CANADA will be answered completely and honestly. In the furtherance of this objective, I hereby waive any privilege and confidentiality that I may have had with any and all of my agents and other parties and I allow my agents and other parties to fully disclose all information about my case to INNOCENCE CANADA. I authorize INNOCENCE CANADA to utilize the aforementioned information as necessary in their investigation into my case.

I understand that INNOCENCE CANADA may find information and evidence not previously known, reported, or otherwise disclosed. I understand that such information and evidence may support my guilt or innocence. In the event that a different innocence project or similarly-oriented organization (hereinafter referred to as “collaborating organization”) takes on my case instead of or in addition to INNOCENCE CANADA, I authorize INNOCENCE CANADA to release to collaborating organization(s) any and all information and evidence pertaining to my case. I understand that I am authorizing INNOCENCE CANADA to share information and evidence to collaborating organizations and that such information and evidence may support my guilt and ultimately damage my claim to innocence.

\_\_\_\_\_  
Witness: Signature

\_\_\_\_\_  
Convicted Person: Signature

\_\_\_\_\_  
Witness: Printed Name

\_\_\_\_\_  
Convicted Person: Printed Name

\_\_\_\_\_  
Date (DD/MM/YY)

\_\_\_\_\_  
Date (DD/MM/YY)



**WAIVER AND RELEASE**

I acknowledge and agree to the following terms and conditions of the below Agreement in consideration of the review of my application by the Innocence Canada (“INNOCENCE CANADA”):

1. INNOCENCE CANADA is a not-for-profit organization subject to limited financial and human resources.
2. The timing and extent of INNOCENCE CANADA’s review of my case will be dependent on INNOCENCE CANADA’s financial and human resource limitations, the availability of documents for review, and any other information that may be required by INNOCENCE CANADA and will be within the sole discretion of INNOCENCE CANADA.
3. INNOCENCE CANADA does not guarantee that the case review will be completed within any set time, nor does it guarantee that my case will be adopted by INNOCENCE CANADA or that INNOCENCE CANADA will necessarily take any steps on my behalf.
4. If INNOCENCE CANADA, in its sole discretion, decides that my case is appropriate for a more detailed review, which will result in INNOCENCE CANADA incurring greater expenses, I will be asked to sign an assignment agreement with INNOCENCE CANADA (“Assignment Agreement”), after consulting with independent counsel. Amongst other terms, the Assignment Agreement will provide that if compensation for a wrongful conviction is awarded to me, INNOCENCE CANADA would be entitled to receive up to 10% of the total settlement.
5. In the event that I am represented by a lawyer or lawyers in proceedings related to INNOCENCE CANADA’s review of my case, my sole retainer shall be with such lawyer or lawyers and any rights or remedies that may accrue to me as a result shall be solely in accordance with such retainer. INNOCENCE CANADA reserves the right to be a party to such proceedings and may seek any relief necessary, including but not limited to recovering costs, disbursements, and any or all expenses related to the review, investigation, and administration of my case. I consent to INNOCENCE CANADA being a party to such proceedings and to recovering any or all expenses, costs, and remuneration as described above with respect to my case. Any future agreement between myself and INNOCENCE CANADA with respect to INNOCENCE CANADA seeking any relief necessary, including but not limited to costs, disbursements, expenses, or remuneration, will take precedence over this section, section 5, of this Waiver and Release. In the event that I enter into an Assignment Agreement, the Assignment Agreement will prevail over this section, section 5, of this Waiver and Release.
6. It is the specific intent and purpose of this Waiver and Release to waive, release, and discharge any and all claims and causes of action of any kind or nature whatsoever, whether known or unknown and whether specifically mentioned or not, which may exist or might be claimed to exist, as against the Releasees, during, prior to, or following the case review. I specifically waive any claim or right to assert that any cause of action or alleged cause of action or claim or demand has been, through oversight or error or intentionally or unintentionally, omitted from this release.
7. This Agreement is governed by the laws of the Province of Ontario and I agree to attorn to the jurisdiction of the Court of Ontario in respect of this Agreement.
8. I consent to INNOCENCE CANADA undertaking the review of my case subject to these limitations and conditions.

**SIGNED** at \_\_\_\_\_ in the Province or Territory of \_\_\_\_\_,  
City/Town Province/Territory

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Day Month Year

\_\_\_\_\_  
Witness: Signature

\_\_\_\_\_  
Convicted Person: Signature

\_\_\_\_\_  
Witness: Printed Name

\_\_\_\_\_  
Convicted Person: Printed Name

\_\_\_\_\_  
Date (DD/MM/YY)

\_\_\_\_\_  
Date (DD/MM/YY)