

**CT Innocence Fund
Application for Financial Assistance**

Eligibility: The Fund is for the benefit of persons (1) who have been convicted by the State of Connecticut of one or more crimes, of which the person was innocent, and has been sentenced to a term of imprisonment for such crime or crimes and has served all or part of such sentence; and (2) such person's conviction was vacated or reversed and the complaint or information dismissed on grounds of innocence, or the complaint or information dismissed on a ground consistent with innocence.

PLEASE ATTACH SEPARATE SHEET IF NEEDED

Name _____

Current Address _____

Telephone _____

Date of Conviction _____

Charge _____

Sentence _____

Date of Release _____

Court Ordering Release & Type of Proceeding _____

Final Judgment Resulting in Exoneration _____

Date _____

Name of Attorney(s) _____

Describe Any Pending Claims for Compensation _____

Name of Attorney _____

Financial Assistance Requested & Amounts:

Housing _____

Transportation _____

Living Expenses:

Food _____

Utilities _____

Other _____

Medical Care _____

Education or Training _____

Emergency Needs _____

Current Expenses _____

Current Income _____

Current Employment _____

Education _____

Job Skills _____

Other Assistance Received or Requested _____

Signature _____