

NORTH CAROLINA INDUSTRIAL COMMISSION

I.C. File No. EC-_____

CLAIMANT'S PETITION FOR COMPENSATION FOR ERRONEOUS CONVICTION PURSUANT TO N.C. GEN. STAT. § 148-82 ET SEQ.

Claimant: _____
Social Security No.: XXX-XX-_____
Address: _____
Telephone: () _____

Felony Convictions Involved: Date: County: Court File No.:

Dates of Incarceration: _____
Places of Incarceration: _____

Date of Pardon of Innocence by Governor: _____

OR

Date of Dismissal of Charges by Three-Judge Panel under G.S. 15A-1469 After Having Been Determined to be Innocent of All Charges: _____

PETITION FOR COMPENSATION FOR PERSON ERRONEOUSLY CONVICTED OF A FELONY

1. I, _____, do herewith claim compensation in the amount of \$_____ from the State of North Carolina under the provisions of N.C. Gen. Stat. § 148-82 et seq. for _____ year(s), _____ month(s), and _____ day(s) of incarceration as a result of my conviction of the one or more felonies as set forth above, for which I either received a Pardon of Innocence by the Governor of North Carolina on (date) _____, 20____, upon the ground that the crime(s) with which I was charged was (were) not committed or that I did not commit the crime(s) or I was determined to be innocent of all charges and the charges were dismissed pursuant to G.S. 15A-1469 by a three-judge panel on (date) _____, 20_____.

2. As grounds for my claim for compensation, I state the following:

(Give full statement of the facts upon which claim is based.)

3. I am attaching hereto a certified copy of the Judgment of Conviction(s) which resulted in my incarceration and either a copy of my Pardon of Innocence signed by the Governor of North Carolina or a copy of the judgment by the three-judge panel determining me to be innocent of all charges and dismissing my charges.
4. I am or am not attaching additional affidavits and/or other supporting documentation (*optional*).

(SIGNATURE OF CLAIMANT/ATTORNEY)

_____, 20____
(DATE)

COUNTY OF _____

CLAIMANT'S VERIFICATION OF PETITION

_____, being duly sworn, deposes and says:

That the contents of the foregoing **PETITION** are true to the best of his/her knowledge, except as to matters stated on information and belief, and as to those matters he/she believes them to be true.

(SIGNATURE OF CLAIMANT)

Subscribed and sworn before me
this _____ day of _____, 20____.

(SIGNATURE AND SEAL OF CLERK OF COURT OR NOTARY PUBLIC)

My Commission Expires: _____

Name and address of claimant's attorney, if any:

ADDRESS CITY STATE ZIP

TELEPHONE NUMBER FAX NUMBER

NOTICE TO CLAIMANT: THE ORIGINAL AND TWO COPIES OF THIS PETITION SHALL BE MAILED TO:

**NORTH CAROLINA INDUSTRIAL COMMISSION
DOCKET SECTION
1236 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-1236**

THE INDUSTRIAL COMMISSION WILL SERVE A COPY OF THIS PETITION ON THE ATTORNEY GENERAL'S OFFICE.