

Erroneously Convicted Person Claim Form

California Victim Compensation and Government Claims Board
400 R Street, Suite 500 – Legal Division
Sacramento, CA 95811

1-888-883-3593
www.vcgcb.ca.gov

State of California

For Office Use Only

Governed by Penal Code section 4900 et seq. and California Code of Regulations, Title 2, Division 2, Chapter 1, Article 5, sections 640 et seq.

Claimant Information

Claimant's Name	CDCR Inmate Number	Date of Birth	Telephone Number
			()
Mailing Address	City	State	Zip
Email Address (OPTIONAL)			

Attorney / Representative Information

Name of Attorney/Representative	Telephone Number		
	()		
Mailing Address	City	State	Zip
Email Address (OPTIONAL)			
Signature of Attorney/Representative	Date		

Conviction Information

Felony(ies) for which claimant was convicted			
County where conviction occurred			
Number of days incarcerated after conviction		Date of Conviction	
State prison(s) in which claimant's sentence was served		Length of sentence imposed	
Date of release from imprisonment	Date of discharge (If applicable)	Date of judgment of acquittal (If applicable)	Date of grant of pardon (If applicable)

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 intentionally contribute to your arrest or conviction.

(Please use additional paper if necessary.)

Pecuniary Injury Statement

Provide facts showing the pecuniary injury (financial loss) sustained by you through your erroneous conviction and imprisonment.

(Please use additional paper if necessary.)

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

 Date