



## PETITION FOR UNJUST CONVICTION AND IMPRISONMENT COMPENSATION

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Use this form to make a claim pursuant to D.C. Code § 2-241 with the District of Columbia Office of Victim Services and Justice Grants (OVSJG) for compensation for unjust imprisonment. For help and information, call (202) 374-6109.

**PETITION DEADLINE:** This application, and all supporting documentation, must be received by the OVSJG within **two (2) years** after the date a certificate of innocence is issued.

<b>PETITIONER INFORMATION</b>	
Full Name	
Address	
City, State, Zip	
Telephone	
Email	
Preferred contact method (check one): <input type="checkbox"/> call <input type="checkbox"/> text <input type="checkbox"/> email <input type="checkbox"/> postal mail	

<b>REPRESENTATIVE INFORMATION (if applicable)</b>	
Full Name	
Organization	
Address	
City, State, Zip	
Telephone	
Email	
Preferred contact method (check one): <input type="checkbox"/> call <input type="checkbox"/> text <input type="checkbox"/> email <input type="checkbox"/> postal mail	

Disclaimer: An petition for compensation shall not be deemed to have been submitted until all of Part A required documents have been received by OVSJG, along with the Claimant's/Representative Signature(s) in Part E.

**PART A – Conviction, Incarceration, Supervision**

Please submit with this petition all necessary documentation required in Part A.

<b>1. Was the Petitioner convicted of a felony contained in the District of Columbia Official Code?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
List crime(s) for which Petitioner was convicted and is seeking compensation:		Date of conviction
a.		
b.		
c.		
d.		
e.		
f.		
g.		

*Insert additional rows if needed.*

<b>2. Was the Petitioner incarcerated as a result of the above felony conviction(s)?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of incarceration:		Date of release:
a.		
b.		
c.		
d.		
e.		
f.		
g.		

*Insert additional rows if needed.*

**REQUIRED DOCUMENTATION:** A statement from the United States Bureau of Prisons Director or his/her designee, or the District of Columbia Department of Corrections Director or his/her designee, verifying the length of incarceration must be submitted as part of this petition.

<b>3. Following incarceration, was the Petitioner subject to a period of parole, probation, supervised release, or registration as a sex offender?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Start date:		End date:
a.		
b.		
c.		
d.		
e.		
f.		
g.		

*Insert additional rows if needed.*

**REQUIRED DOCUMENTATION:** A statement from the Court Supervision and Offender Services Agency Director or his/her designee verifying the length of time spent on parole, probation, supervised release, or as a registered sex offender must be submitted as part of this petition.

4. Has the conviction been reversed or set aside?  Yes  No

5. Has a Certificate of Innocence been issued by the District of Columbia Superior Court?  Yes  No

**REQUIRED DOCUMENTATION:** An official copy of the D.C. Superior Court’s Certificate of Innocence must be submitted as part of this application.

6. List all offenses (felonies and misdemeanors) for which the petitioner served a concurrent sentence for another crime to which A1-4 do not apply. Please list these offenses regardless of whether petitioner served that concurrent sentence incarcerated, on parole, on probation, on supervised release, or as a registered sex offender.

OFFENSE	DATE OF CONVICTION	SENTENCE

## **PART B – Child Support**

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If applicable, please submit with this application all necessary documentation required in Part B, to include documentation establishing claims for reimbursement for child support payments that became due during the time petitioner was incarcerated, but were not paid, including applicable interest or attorney’s fees for legal proceedings required to remedy outstanding obligations associated with those child support payments. (D.C. Official Code 2-423.02(a)(1)(B)). All proper documentation must be submitted before an award for child support payments may be made. If you have questions about any child support reimbursement, please contact Child Support Services Division at 202-442-4900 or 202-724-2131.

1. Was the Petitioner subject to a child support order during his/her incarceration?				<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Were child support payments unpaid during Petitioner’s incarceration?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Child’s name	Custodial parent’s name	Child’s date of birth	Date of child support order	Child support ordered

*Insert additional rows if needed.*

**REQUIRED DOCUMENTATION:** A copy of the child support order(s) and a statement of arrearages from the Court of Jurisdiction must be submitted before any reimbursement may be made pursuant to D.C. Code § 2-241.

## **PART C – Health Care Benefits**

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Documentation establishing intent to apply for health care benefits through participation in the D.C. HealthCare Alliance or qualified successor system, pursuant to D.C. Official Code 2-423.02(a)(3)(A), is not required for approval of a petition for compensation. Documentation must be submitted before an award for health care payments may be made. Please note that application may be made at any time for reimbursement of these monies following granting of a petition.

<b>1. Does the Petitioner wish to apply for health care benefits through participation in the D.C. HealthCare Alliance or qualified successor system at this time? If yes, a separate application form will be provided.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## **PART D – Tuition and Fees**

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Documentation establishing intent to apply for reimbursement of tuition and fees paid to the University of the District of Columbia (UDC) or the UDC Community College for petitioner’s education, including any necessary assistance to meet the criteria required for admittance, or a vocational or employment skills development program, pursuant to D.C. Official Code 2-423.02(a)(3)(B), is not required for approval of a petition for compensation. Documentation must be submitted before an award for UDC payments may be made. Please note that application may be made at any time for reimbursement of these monies following granting of a petition.

<b>1. Does the Petitioner wish to apply for reimbursement of tuition and fees paid to the University of the District of Columbia (UDC) or the UDC Community College for applicant’s education at this time? If yes, a separate application form will be provided.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## **PART E**

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**I have read this Petition Form and I swear or affirm that the contents are true and accurate to the best of my knowledge.**

I also swear or affirm that I have not presented a claim for damages pursuant to D.C. Official Code 2-421(1) in the District of Columbia for the same unjust conviction and imprisonment for which I am petitioning for compensation in this petition.

\_\_\_\_\_  
**Petitioner’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Representative’s Signature**

\_\_\_\_\_  
**Date**

WARNING: It is a crime to provide false or misleading information to the District of Columbia Government, or to any department or agency thereof, regarding any claim upon or against the District of Columbia, or any department or agency thereof, knowing such claim to be false, fictitious, or fraudulent. Such an act is subject to imprisonment of not more than one year and a fine of not more than \$100,000 for each violation.

## WHERE TO FILE

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You **MUST** file your petition with the **Office of Victim Services and Justice Grants**.

You may file a petition by fax, email, or mail:

- **By Fax.** You may file a petition by fax to **(202) 727-6332**. Faxes received after 5:00 p.m. or on any non-business day are considered “filed” on the next business day. A petition sent by fax will not be considered submitted unless it is complete and legible when received.
- **By E-mail.** You may file a petition by email to [UCICP@dc.gov](mailto:UCICP@dc.gov). E-mails received after 5:00 p.m. or on any non-business day are considered “filed” on the next business day. Attach a completed copy of this application and all supporting documentation to your email.
- **By Mail.** You may mail a petition to:

**Office of Victim Services and Justice Grants**  
**899 North Capitol St. NE**  
**Suite 4100**  
**Washington, DC 20002**  
**ATTN: UCICP**

If filed by mail, your petition and supporting documentation must be received by OVSJG by the application deadline. Certified mail is the recommended method of filing. If you have any questions on filing, please contact 202-374-6109.