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

Privacy Notice on Collection

1. VCGCB collects this information based on California Government Code sections 13952 et seq. and 13954.
2. All information collected from this site is subject to, but not limited to, the Information Practices Act. See http://vcgcb.ca.gov/media/pra.aspx.
3. This information is collected in order to determine your eligibility of your claim under Penal Code section 4900.
4. VCGCB may disclose your personal information to another requestor, only if required to do so by law or in good faith that such action is necessary to:
    a. Conform to the edicts of the law or comply with legal process served on VCGCB or the site;
    b. Protect and defend the rights or property of VCGCB; and,
    c. Act under exigent circumstances to protect the personal safety of users of VCGCB, or the public.
5. Individuals are to provide only the information requested.
6. The information provided is voluntary.
7. The consequences of not providing the requested information could delay filing the claim or the claim not being filed.
8. You have the right to access only the records containing the personal information that you provided.
9. The information collected is used by the Legal staff to process your claim.
10. Any questions about the information collected, please write to the following address: P.O. Box 3035, Sacramento, CA 95812-3035, email CustodianofRecords@vcgcb.ca.gov, call (800) 883-3593, or contact the VCGCB Privacy Coordinator at InfoSecurityandPrivacy@vcgcb.ca.gov.
11. For additional information regarding privacy, please see VCGCB's Privacy Notice. See http://vcgcb.ca.gov/privacy.aspx.
12. For information regarding consumer information on security, please visit https://oag.ca.gov/privacy/online-privacy.