



CASE APPLICATION FORM

Part 1. Information about the convicted person:

Full Name:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth:	
Currently in prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , name of prison:	
Address of prison:	
If No , current address:	
Telephone:	

Part 2. Information about the person filling out this form. Complete this section only if you are not the convicted person:

Name:	
Address:	
Phone:	
Email:	
Your relationship to the convicted person:	

Part 3. Information about the offence:

Offence:	
Date of offence:	
Place of offence:	
Date of arrest:	

Names of others charged with same offence:	Name:	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty
	Name:	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty
	Name:	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty
	Name:	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty

Part 4. Information about the trial:

City/town where trial took place:	
Type of trial:	<input type="checkbox"/> Judge alone <input type="checkbox"/> Judge and Jury
Dates of trial:	
Date of conviction:	
Date of sentencing:	
Sentence:	
Name of trial lawyer:	
Address of trial lawyer:	
Telephone of trial lawyer:	
Do you have trial transcripts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please do not send transcripts to us at this time.	
If No , do you know if transcripts are available, and if so, where?	
Briefly summarize the evidence presented by the prosecution at trial:	
Did you testify at the trial?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did any other witness testify for the defence at the trial?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What was the defence at trial?		

Part 5. Information about Appeal to the Court of Appeal:

Was there an appeal from conviction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was there an appeal from sentence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the appeal been heard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes , when?		
Has there been a judgment by the Court of Appeal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes , what was the result?		
Name of appeal lawyer:		
Address of appeal lawyer:		
Telephone of appeal lawyer:		
If the appeal is completed, is there a written appeal judgment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes , please do not send the judgment to us at this time.		

Part 6. Information about Appeal to the Supreme Court of Canada:

Was there an appeal taken to Supreme Court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes , was "leave" required to appeal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Yes , was “leave” granted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has an appeal been heard by the Supreme Court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes , when?		
Has there been a judgment by the Supreme Court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes , what was the result of the appeal in the Supreme Court of Canada?		
Name of lawyer at the Supreme Court of Canada:		
Address of lawyer:		
Telephone of lawyer:		
If this appeal is completed, do you have a copy of the judgment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes , please do not send the judgment to us at this time.		

Part 7. Information about a Section 696.1 application:

Has a Section 696.1 application already been sent to the Minister of Justice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes , when?		
Was a lawyer involved and, if so, what is their name, address and telephone number:		
What was the result, if known, of the Section 696.1 application?		

Part 10. Information about other exceptional circumstances:

Please describe any circumstances, other than fresh evidence, which you feel may support a Section 696.1 application::

Part 11. Information about other documents:

Please list any other documents you have in your possession that might be of assistance to AIDWYC. Do not send them at this time. These could include the following: <ul style="list-style-type: none">• Police records• Disclosure material from the Crown• Advice from defense lawyers• Expert witness reports• Advice on appeal

AUTHORIZATION

In order for us to process this application, AIDWYC may need to speak with any of the lawyers who acted for the convicted person at trial or on appeal, and to review the lawyers' files about this case. AIDWYC cannot do so without the convicted person's authorization. The following Authorization, once completed by the convicted person and returned to AIDWYC, will allow AIDWYC to discuss the case with the convicted person's lawyer(s) and to review his or her files.

The convicted person must sign the Authorization below, and his or her signature must be witnessed. AIDWYC will begin to process the Application Form as soon as we receive it. Please note that we are not able to undertake this review until we receive the signed Authorization.



I, _____ direct the Association in Defence of the Wrongly Convicted (AIDWYC) to review my case in which I was convicted of

_____.

I authorize any and all of my lawyers to release files pertaining to my case to AIDWYC at AIDWYC'S request, and to answer any questions that AIDWYC representatives may ask of them. I understand that AIDWYC will have access to all information collected about me by my lawyers.

Witness

Convicted Person

Signature

Signature

Print Name

Print Name

Date

Date