



APPLICATION FOR COMPENSATION FROM THE INNOCENCE COMPENSATION FUND

INFORMATION ABOUT THE PETITIONER			
Last Name	First	M.I.	DOB
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address:		
Dates of Incarceration(covered by Court Order) : From:		To:	

INFORMATION ABOUT THE LEGAL REPRESENTATIVE (IF APPLICABLE)			
Last Name	First	M.I.	Bar #
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		

Send payments to: Petitioner Legal Representative

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
Petitioner Signature	Date
Legal Representative Signature	Date

CHECKLIST OF ATTACHMENT
<input type="checkbox"/> Certified copy of judgment or order awarding compensation (REQUIRED)

Mail your completed application to:

Louisiana Commission on Law Enforcement and the Administration of Criminal Justice
P.O. Box 3133
Baton Rouge, Louisiana 70821

Please notify us immediately of any changes of address.