

**REQUEST FOR WRONGFUL IMPRISONMENT COMPENSATION**

**COMPTROLLER USE ONLY**

AGY	COBJ	TC	FUND	AY	PCA	APPROVAL	DOCUMENT NUMBER	DOCUMENT AMOUNT

Claimant name and address

Phone number Alternate phone number

Social Security Number	TDCJ Number
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Mail completed form and documentation to:  
**COMPTROLLER'S JUDICIARY SECTION**  
 P.O. Box 13528  
 Austin, TX 78711-3528  
 Call 1-800-531-5441, ext. 6-5985 or (512) 936-5985

**REQUIRED DOCUMENTATION**

As applicable, a verified copy of the pardon / court order / motion to dismiss / affidavit justifying the application for compensation.	Enclosed	<input type="checkbox"/>
A written statement from Texas Department of Criminal Justice verifying the length of incarceration.	Enclosed	<input type="checkbox"/>
If applicable, a written statement from county or municipality verifying the length of incarceration.	Enclosed	<input type="checkbox"/>
If applicable, a written statement from Texas Department of Criminal Justice verifying length of time spent on parole.	Enclosed	<input type="checkbox"/>
If applicable, a written statement from the Texas Department of Public Safety verifying registration as a sex offender and length of registration.	Enclosed	<input type="checkbox"/>
If applicable, a certified copy of each child support order under which child support payments became due during the time the claimant served in prison and copies of the official child support payment records described by Section 234.009, Texas Family Code, for that period.	Enclosed	<input type="checkbox"/>
For proof of birth date provide a copy of birth certificate, or state driver's license, or state ID, or a notarized statement verifying month, day and year of birth.	Enclosed	<input type="checkbox"/>

**Total Amount of Claim Supported by the Attached Documentation:**

**CLAIMANT'S CERTIFICATION**

I, \_\_\_\_\_, do hereby certify that the amount requested is due and payable pursuant to Chapter 103 of the Texas Civil Practice and Remedies Code and I will immediately notify the Comptroller's Judiciary Section in writing of any changes or conditions which will disqualify this payment.

<b>sign here</b> ▶	Claimant Signature	Date

**IF REPRESENTED, CLAIMANT'S LEGAL COUNSEL**

Attorney of Record	Contact Phone Number (Area code and phone number)
Address/City/State/zip code	Email Address

**SUBMISSION OF FEE REPORT** Fees are limited by Section 103.101, Texas Civil Practice and Remedies Code. As required by Section 103.102, not later than the 14th day after the date the application or cured application is filed, a person seeking payment for preparing, filing, or curing the application must file a fee report with the Comptroller's Judiciary Section. The fee report must include the name of the applicant, the total dollar amount sought for fees and the number of hours the person worked preparing, filing, or curing the application. The fee report is public information subject to Chapter 552, Texas Government Code.

**COMPTROLLER APPROVAL**

I approve this request for payment and to the best of my knowledge this request for payment is true and correct. This payment complies with Chapter 103 of the Texas Civil Practice and Remedies Code.	Audited by:
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<b>sign here</b> ▶	Approved by:	Date

THIS SECTION TO BE COMPLETED BY CLAIMANT