NORTH CAROLINA INDUSTRIAL COMMISSION

I.(C. File No. EC-
Ci La A	laimant: CLAIMANT'S PETITION FOR COMPENSATION FOR ERRONEOUS CONVICTION PURSUANT TO N.C. GEN. STAT. § 148-82 ET SEQ.
T	elephone: ()
Fe	lony Convictions Involved: Date: County: Court File No.:
	ates of Incarceration:aces of Incarceration:
Da Ol	nte of Pardon of Innocence by Governor:R
	ate of Dismissal of Charges by Three-Judge Panel under G.S. 15A-1469 After aving Been Determined to be Innocent of All Charges:
	PETITION FOR COMPENSATION FOR PERSON ERRONEOUSLY CONVICTED OF A FELONY
1.	I,, do herewith claim compensation in the amount of \$ from the State of North Carolina under the provisions of N.C. Gen. Stat. § 148-82 et seq. for year(s), month(s), and day(s) of incarceration as a result of my conviction of the one or more felonies as set forth above, for which I either received a Pardon of Innocence by the Governor of North Carolina on (date), 20, upon the ground that the crime(s) with which I was charged was (were) not committed or that I did not commit the crime(s) or I was determined to be innocent of all charge and the charges were dismissed pursuant to G.S. 15A-1469 by a three-judge panel on (date, 20
2.	As grounds for my claim for compensation, I state the following:
	(Give full statement of the facts upon which claim is based.)

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	 either a copy of my Pardon of Innocence signed by the Governor of North Carolina or a copy of the judgment the three-judge panel determining me to be innocent of all charges and dismissing my charges. 4. I am □ or am not □ attaching additional affidavits and/or other supporting documentation (<i>optional</i>). 				
4.					
	(SIGNATURE OF CLAIMANT/ATTORNEY)	(DATE)			

3. I am attaching hereto a certified copy of the Judgment of Conviction(s) which resulted in my incarceration and

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STATE OF NORTH CAROLINA							
COUNTY OF							
CLAIMANT'S VERIFICATION OF PETITION							
, being duly sworn, deposes and says:							
That the contents of the foregoing P matters stated on information and belief, and a		_	e, except as to				
		(SIGNATURE OF CLAIMANT)					
Subscribed and sworn before me this day of,	20						
(SIGNATURE AND SEAL OF CLERK OF COURT OR NOTAR	RY PUBLIC)						
My Commission Expires:							
Name and address of claimant's attorney, if ar	ny:						
Address	Сттү	STATE	ZIP				
TELEPHONE NUMBER		FAX NUMBER					

NOTICE TO CLAIMANT: THE ORIGINAL AND TWO COPIES OF THIS PETITION SHALL BE MAILED TO:

NORTH CAROLINA INDUSTRIAL COMMISSION
DOCKET SECTION
1236 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-1236

THE INDUSTRIAL COMMISSION WILL SERVE A COPY OF THIS PETITION ON THE ATTORNEY GENERAL'S OFFICE.

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