

APPLICATION FOR MEMBERSHIP THE INNOCENCE NETWORK

Name of Organization _____

Address: _____

Phone number _____ email _____ fax _____

To be eligible, the organization must meet one or more of the following criteria. Please check any that apply:

- The organization provides *pro bono* legal and/or investigative services to individuals seeking to prove their innocence of crimes for which they have been convicted. _____
- The organization is a tax exempt organization. Tax ID number: _____
- The organization is housed within, or sponsored by a nonprofit organization or educational institution. Name of the nonprofit organization: _____
- The organization is part of a governmental agency devoted to the representation of indigent persons. Name of governmental agency: _____
- The organization is a coalition of individuals or organizations in which at least one of the participating organizations is tax exempt or sponsored by a nonprofit organization. Name of tax exempt or nonprofit organization: _____
- The organization is a law firm that commits substantial pro-bono resources to individuals seeking to prove their innocence. _____

Describe the organization and the resources devoted to the representation of convicted persons with claims of innocence.

List the names of people on the organization's staff, indicate the percentage of time each spends on work related to serving individuals seeking to prove their innocence, and describe the duties conducted by each.

Does the organization charge a fee for providing legal or investigative services? _____
If so, please explain:

Is the organization seeking status as a "founding member"? (To qualify as a founding member, the organization must have been providing legal and/or investigative services consistent with eligibility criteria for more than 18 months prior to April 2005). If so, indicate the date the organization began devoting substantial resources towards helping individuals prove their innocence. _____

Documentation: Please provide documentation in support of your application. This should include resumes of staff members, descriptions of exonerations in which the program has been involved, course descriptions, and any other material that demonstrates the organization's commitment to assisting the wrongly convicted.

Annual membership fee of \$250 per organization is due upon acceptance into the Innocence Network.

Name of individual completing this form (please print): _____

Date of application: _____

Please submit this completed form and documentation to:

Innocence Network Membership
Innocence Project
100 Fifth Avenue, 3rd Floor
New York, NY 10011

Or fax it to **Innocence Network Membership** at (212) 364-5341.