#

## Candidate Information/Contact Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Birthdate: |  |  |
|  |  | Last | First | M.I. |  |  |  |  |
| Address: |  |  |  | Phone: |  |  |
|  |  | Street address | Apt/Unit # |  |  |  |  |
|  |  |  |  | Email:  |  |  |
|  |  | City | State | Zip Code |  |  |  |  |

If this application is being submitted by an authorized representative of a qualifying individual, please include identifying information here:

|  |  |  |  |
| --- | --- | --- | --- |
| Full name: |  |  |  |
|  |  | Last | First | M.I. |  |  |  |  |
| Address: |  |  |  | Phone: |  |  |
|  |  | Street address | Apt/Unit # |  |  |  |  |
|  |  |  |  | Email:  |  |  |
|  |  | City | State | Zip Code |  |  |  |  |

## Qualifying Information

Funds are available to individuals who currently reside in Utah County and were originally juveniles prosecuted for a felony by Utah County as adults and who can demonstrate via court records that all or part of their prosecution, in substance or process, was made in error. Additionally, candidates must demonstrate that the prosecution caused or contributed to barriers to successful reintegration to society. (If the candidates experienced multiple charges, the following information should be provided for each charge.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Criminal Case No. |  |  |  | Date of charge: |  |  |  |
|  |
| Age at time of charge: |  |  |  | Was the crime charged /tried as an adult? | Yes ☐ | No ☐ | Level of offense?(misdemeanor or felony) |  |  |  |
|  |
| Address of candidate at the time of charge: |  |  |  |  |
|  |
|  |

What was the outcome of the charge? Please explain and attach any relevant court orders with the application.

What societal barriers did the individual experience as a result of this prosecution?

## Qualifying Expenses

Please provide an explanation of the expenses that the qualifying individual incurred that may merit reimbursement. Available funding is limited to: lost wages, housing, medical care, legal services, rehabilitation therapy, educational opportunities, and costs related to mitigating reputational harm related to the errant prosecution. In addition, please provide receipts of all included expenses and attach them to this submission. If the expense is one for which no documentation is available (i.e. lost wages), please provide a thorough explanation of how the qualifying individual arrived at the specified amount.

## Disclaimer and signature

I understand that submission of this application for myself or on behalf of the qualifying individual is no guarantee of award. I certify that all the answers are true and complete to the best of my knowledge. If this application leads to a monetary award, I understand that false or misleading information in this application may result in legal action.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  |  |  | Date: |  |  |
|  |  |  |  |  |  |  |
| Printed Name: |  |  |  |

Regardless of the legitimacy of some expenses and whether an applicant is qualified, reimbursements and awards may still be limited by available funding, contractual caps for individual recipients, the number of applicants, the timeliness of submissions, and other factors.

## Submission Instructions

Please complete and return this application to:

Darcy Van Orden

darcy@dvoconsult.com