STATE OF ILLINOIS Torture Inquiry and Relief Commission

FORM TO FILE CLAIM OF TORTURE WITH TIRC

| Na | 1 11 0 11 0 (10 1100 11) 7 1 1 |
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| ı va | me and current address of person signing this form (if different than No. 1 about |
| | |
| De a. | tails of claimant's felony conviction based upon allegedly tortured confession: |
| | Circuit Court: |
| b. | Year: |
| c. d. | Crimes of Conviction: |
| | Sentence: |
| e. | Case Number (if known): |
| De | tails of alleged torture: |
| a. | Law enforcement agency: |
| b. | Dates: |
| c. | Names of persons committing alleged torture: |
| | |
| d. | Brief description of alleged torture: |
| | |

| As a result of the torture described above, did the prosecution $\underline{\text{claim}}$ that you made statements to the police and/or to an Assistant State's Attorney? |
|--|
| If so, did the prosecution introduce those statements at trial? \Box Yes \Box No |
| Names and current addresses of persons who could support your claim: |
| a |
| b |
| c |
| d |
| e |
| Location of documentation supporting your claim: |
| |
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