



Miscarriage of Justice Application Service

There is no automatic entitlement to compensation, but all applications are considered under the provisions of section 133 of the Criminal Justice Act 1988.

You can apply for compensation if your conviction has been overturned (or quashed) by the courts on an out of time appeal(1) and any of these apply:

- your conviction was overturned by the Court of Appeal/Crown Court or it was referred to the Court of Appeal by the Criminal Cases Review Commission (CCRC); or
- you've been pardoned

This form is for use in England and Wales only. There's a separate scheme for Scotland and Northern Ireland.

Before you start

In order for us to consider your application please make sure you have the following to hand including the required documents listed below, before you start:

- the case reference number and end date of your original trial
- the dates you were convicted and sentenced
- the date you lodged your appeal against your conviction
- the date your conviction was quashed
- the case reference number and date of any retrial

Where possible, you should send the below listed documents to support the application.

A general guide giving information about this legislation and how applications are dealt with can be found at [Applying for compensation after a miscarriage of justice - GOV.UK](#)

- (1) Out of time appeal - it was submitted more than 28 days after your conviction in the Crown Court, or more than 21 days after the sentencing for a conviction in a Magistrates court and was treated as an out of time appeal.

Documents required if appeal heard at Crown Court	Documents required if appeal heard at Court of Appeal
Certificate of Conviction	NG Form
Memorandum of an Entry / Conviction	Grounds of Appeal
Appeal to the Crown Court from a Magistrates Court	Order on the Appeal/Application
Result of an Appeal	Court of Appeal Summary
Transcript of Appeal / Re-Trial	Court of Appeal Judgment
CCRC Statement of Reasons (if applicable)	CCRC Statement of Reasons (if applicable)

Link to find a court: [Find a court or tribunal - GOV.UK](#)

If you do not send the requested documents this may delay your application being considered.

If you do not have the documents available, the Miscarriage of Justice Application Service (MOJAS) may be able to get these documents from the Criminal Appeal Office or the relevant Crown Court.

You may require access to the internet while filling in this form.

If you need help filling in this form, please email mojas@justice.gov.uk

You do not need a legal representative to apply for Miscarriage of Justice compensation.

This form usually takes about 30 minutes to complete.

1. Were you convicted of a criminal offence?

- ☐ Yes **Note 1**
- ☐ No **The section 133 scheme is not open to you. You must have been convicted of a criminal offence to apply for S133 compensation.**

Note 1: Please attach the relevant document at the end of the application. We need this document to check the eligibility of your application. A relevant document can include the result of an appeal document/certificate of conviction/order on the appeal.

2. What was the date of the conviction?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. What is the date you were sentenced for the offence? **Note 2**

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note 2: Please attach the relevant document at the end of the application. A relevant document can include certificate of conviction/order on the appeal.

4. Did you lodge an out of time appeal against your conviction?

- ☐ Yes **Note 3**
- ☐ No **The section 133 scheme is not open to you. You must have lodged an out of time appeal against your conviction to apply for S133 compensation.**

Note 3: Please attach the relevant document at the end of the application. A relevant document can include NG form/Appeal to the Crown Court from a Magistrates court.

5. When did you lodge an out of time appeal against your conviction?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Has your conviction been quashed/overturned as a result of an out of time appeal?

- ☐ Yes **Note 4**
- ☐ No **The section 133 scheme is not open to you. Your conviction must have been overturned at an out of time appeal or retrial to get compensation.**

Note 4: Please attach the relevant document at the end of the application. A relevant document can include result of appeal document/certificate of conviction/order on the appeal.

7. What date was your conviction quashed/overturned on an out of time appeal?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. What was the name of the court that heard your appeal?

9. What is the case reference for your appeal?

10. Are you applying for compensation within 2 years after your conviction was quashed/overturned?
If no, the Secretary of State can only accept applications in exceptional circumstances.

☐ Yes

☐ Please set out below the exceptional reason why you were unable to claim compensation within 2 years

11. Are you applying for yourself or on behalf of someone else?

☐ For myself

☐ As a legal representative on behalf of someone else

☐ As a personal representative on behalf of someone deceased **Note 5**

Note 5: See link for who can apply as a 'Personal Representative'; [Link Administration of Estates Act Section 55\(1\)\(xi\): Administration of Estates Act 1925 \(legislation.gov.uk\)](#)

Your contact details/legal representative's details/personal representative's details**12. Name**

Title (Mr, Mrs, Miss, etc.)

First name(s)

Last name

13. Date of birth

For example, 12 11 2007

Day

Month

Year

14. Address Note 6

First line of address

Second line of address

Town or city

Postcode

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Country

Mobile/Home phone number

Email (if you have one)

Note 6: This should be the address you would like us to use when we write to you. If a firm of solicitors represents you, we will write to them and not use this address for correspondence.

Please fill in questions 15-18 if you are a legal representative/personal representative applying on behalf of someone else, otherwise please go to question 19

Details of the person you are applying for

15. Name

Title (Mr, Mrs, Miss, etc.)

First name(s)

Last name

16. Date of birth

For example, 12 11 2007

Day

Month

Year

17. Address

First line of address

Second line of address

Town or city

Postcode

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Country

18. How do you know this person?

Further information about your conviction in relation to this application**19.** What offence(s) were you convicted of in relation to this application? **Note 7**

Note 7: Please attach the relevant document at the end of the application. We are only interested in offences relevant to this application where you were found guilty and were subsequently the conviction was overturned or quashed.

20. Name of the court where you were originally convicted
21. What was the sentence?

22. What was the case reference for your original trial?
The case reference number of the original trial is:

Criminal Cases Review Commission (CCRC)**23.** Was your case referred to the court by the Criminal Cases Review Commission (CCRC)? **Note 8**
☐ Yes

☐ No

Note 8: Please attach the relevant document at the end of the application. In order for us to consider your application, please supply us with the CCRC Statement of Reasons, please email info@ccrc.gov.uk if you do not have the document.

About your retrial**24.** Was a retrial ordered following your appeal? **Note 9**☐ No **Go to question 27**☐ Yes

What was the name of the court where your retrial was heard?

What was the first date of the retrial?

Day

Month

Year

What was the last date of the retrial?

Day

Month

Year

25. What is the case reference of your retrial?**26.** What was the outcome of the retrial?☐ Guilty☐ Not guilty**Other claims for compensation****27.** Have you already made or do you intend to make other claims for compensation relating to the same facts/circumstances of this application? Considerations in this regard will not delay your compensation payment.☐ No☐ Yes please include the details

Note 9: A retrial is a trial that takes place for a second time to decide whether a defendant is guilty or not guilty. The same parties come to court again, the defendant faces the same charges, but new evidence can be called. A completely new jury is sworn in, and the retrial begins. See link to Retrials: [Retrials | The Crown Prosecution Service \(cps.gov.uk\)](https://www.cps.gov.uk/retrials)

The Equality Act 2010 protects people from discrimination and promotes equality on the basis of a number of 'protected characteristics'. We ask for information on your 'protected characteristics' in order to help us monitor our performance on equality.

Completion of this section is voluntary. This will be treated in the strictest confidence and will be used purely for statistical monitoring and research.

Everyone applying for compensation will receive equal treatment. Your answers will be treated confidentially and will not affect your application in any way.

28. Will you help us by completing an equal opportunities monitoring form?

☐ Yes

☐ No

What happens next?

Please check your answers before sending your application.

By submitting this application, you confirm that, to the best of your knowledge, the details you are providing are correct.

Your case will be allocated accordingly, and they will be touch in due course with an update, no later than 3 months from the date of your application.

Failure to attach the requested documents will delay the consideration of your application.

You will need to submit your application form with the required documents to MOJAS in order for your application to be considered.

After you have completed your form

Email or post your documents to:

Email

mojas@justice.gov.uk

Post

Ministry of Justice
Criminal Justice and Courts Directorate
Miscarriages of Justice Applications Service (MOJAS)
7th Floor, Post Point 7.23
102 Petty France
London
SW1H 9AJ

MOJAS application form equal opportunities questions**What is your age?**

- ☐ 16-24
- ☐ 25-29
- ☐ 30-34
- ☐ 35-39
- ☐ 40-44
- ☐ 45-49
- ☐ 50-54
- ☐ 55-59
- ☐ 60-64
- ☐ 65+
- ☐ Prefer not to say

What is your sex?

- ☐ Female
- ☐ Male
- ☐ Prefer not to say

Is the gender you identify with the same as your sex registered at birth?

- ☐ Yes
- ☐ No, write in:

- ☐ Prefer not to say

Which of the following best describes your sexual orientation?

- ☐ Straight / Heterosexual
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Other sexual orientation, write in:

- ☐ Prefer not to say

How would you describe your national identity? (Tick all that apply)

- ☐ British
- ☐ English
- ☐ Welsh
- ☐ Scottish
- ☐ Northern Irish
- ☐ Other, write in:

- ☐ Prefer not to say

What is your ethnic group?

Choose one section from A to E, then tick one box to best describe your ethnic group or background.

A) *White*

- ☐ English, Welsh, Scottish, Northern Irish or British
☐ Irish
☐ Gypsy or Irish Traveller
☐ Roma
☐ Any other White background, write in:

B) *Mixed or multiple ethnic groups*

- ☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other Mixed or Multiple background, write in:

C) *Asian or Asian British*

- ☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Chinese
☐ Any other Asian background, write in:

D) *Black, Black British, Caribbean or African*

- ☐ Caribbean
☐ African background, write in below
☐ Any other Black, Black British or Caribbean background, write in:

E) *Other ethnic group*

- ☐ Arab
☐ Any other ethnic group, write in:

What is your religion?

- ☐ No religion
- ☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Any other religion, write in:

- ☐ Prefer not to say

Disability

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

- ☐ Yes
- ☐ No

How does your long-term condition(s) or illness affect you (tick all that apply)?

- ☐ Vision related disability
- ☐ Mobility related disability
- ☐ Learning disability
- ☐ Neurodiverse condition
- ☐ Mental health related disability
- ☐ Medical disability
- ☐ Speech related disability
- ☐ Hearing disability
- ☐ Visible disability
- ☐ Cancer, HIV, or MS
- ☐ Any other type of disability

- ☐ Prefer not to say

Privacy notice

By submitting your answers, you agree that we can collect your information. We'll use it to help us meet our commitments under the Equality Act 2010. You can withdraw your consent or change your answers at any time, see information in our privacy [notice](#)