

RULES OF SUPREME COURT OF VIRGINIA  
PART FIVE A  
THE COURT OF APPEALS  
APPENDIX OF FORMS

**Form 12. Petition for a Writ of Actual Innocence Based on Nonbiological Evidence.**

**PETITION FOR A WRIT OF ACTUAL INNOCENCE  
BASED ON NONBIOLOGICAL EVIDENCE**

THE COURT OF APPEALS OF VIRGINIA

\_\_\_\_\_  
(FULL NAME OF PETITIONER AND PRISONER NO., IF APPLICABLE)      Record No. \_\_\_\_\_  
(TO BE SUPPLIED BY THE CLERK OF THE COURT OF APPEALS)

v.

Commonwealth of Virginia  
(RESPONDENT)

\_\_\_\_\_  
(PETITIONER'S ADDRESS)  
\_\_\_\_\_  
\_\_\_\_\_

Pursuant to the provisions of Chapter 19.3 of Title 19.2 of the Code of Virginia, I,

\_\_\_\_\_  
NAME OF PETITIONER

hereby petition this Court for a WRIT OF ACTUAL INNOCENCE BASED ON NONBIOLOGICAL EVIDENCE. In support of this petition, I state under oath that the following information is true:

1. On \_\_\_\_\_, I was convicted or adjudicated delinquent in the |  
\_\_\_\_\_ Circuit Court of the following offense(s):  
JURISDICTION (CITY/COUNTY)

Description of Felony Offense	Virginia Code	Circuit Court Case No.	Plea
_____	_____	_____	_____
_____	_____	_____	_____

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2. I am innocent of the ~~crime(s)~~ offense(s) that are the subject of this petition.

3. I understand that I can file only one petition for any felony (a) conviction or (b) adjudication of delinquency and I have not previously filed a Petition For A Writ Of Actual Innocence Based On Nonbiological Evidence with regard to the above conviction(s) or adjudication(s) of delinquency in the Court of Appeals of Virginia.

4. My claim of innocence is based upon the following evidence:

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[ ] ATTACHED ADDITIONAL SHEET(S)

5. This evidence was previously unknown or unavailable to either me or my attorney at the time the conviction(s) or adjudication(s) of delinquency became final in the circuit court.

6. This evidence became known or available to me on \_\_\_\_\_  
DATE

7. The circumstances under which the evidence was discovered were

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[ ] ATTACHED ADDITIONAL SHEET(S)

8. This evidence could not have been discovered or obtained by the exercise of diligence before the expiration of 21 days following entry of the final order(s) of conviction or adjudication of delinquency by the court.

9. The evidence upon which I base my claim is material and when considered with all of the other evidence in the record, will prove that no rational trier of fact ~~could~~ would have found me to be guilty or delinquent beyond a reasonable doubt of the charge(s) described above because

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[ ] ATTACHED ADDITIONAL SHEET(S)

10. In support of this petition, I have attached the following documents:

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[ ] ATTACHED ADDITIONAL SHEET(S)

11. I understand that this petition must contain all relevant allegations of facts that are known to me at this time.

12. I understand that it must include all previous records, applications, petitions, and appeals, and their dispositions related to this these conviction(s) or adjudication(s) of delinquency, as well as a copy of any documents or evidence in support of the facts that I assert above.

13. I understand that if this petition is not complete, this Court may dismiss the petition or return the petition to me pending the completion of such form.

14. I understand that I am responsible for all statements contained in this petition.

15. I understand that any knowingly or willfully made false statement shall be a ground for prosecution and conviction of perjury as provided for in Virginia Code § 18.2-434.

16. Counsel. Check the appropriate box.

[ ] I am being represented by an attorney on the filing of this petition. My attorney's name and address are

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[ ] I am not being represented by an attorney on the filing of this petition.

17. Exemption from filing fee. Check box below if claiming *in forma pauperis* status and seeking to file this petition without payment of fees.

[ ] I claim *in forma pauperis* status and I request that this Court accept this petition without the payment of filing fees. I affirm under oath that I am eligible for *in forma pauperis* status. My assets amount to \$ \_\_\_\_\_ (which sum includes my institutional inmate account which has a balance of \$ \_\_\_\_\_), and my liabilities amount to \$ \_\_\_\_\_.

18. Request for counsel. Check box below if claiming eligibility for court-appointed counsel and requesting appointment of counsel.

