

STATE OF ILLINOIS
Torture Inquiry and Relief Commission

FORM TO FILE CLAIM OF TORTURE WITH TIRC

1. Name and current address (name of facility) of person claiming to have been tortured:

2. Name and current address of person signing this form (if different than No. 1 above):

3. Details of claimant's felony conviction based upon allegedly tortured confession:

- a. Circuit Court: _____
- b. Year: _____
- c. Crimes of Conviction: _____
- d. Sentence: _____
- e. Case Number (if known): _____

4. Details of alleged torture:

- a. Law enforcement agency: _____
- b. Dates: _____
- c. Names of persons committing alleged torture: _____

- d. Brief description of alleged torture: _____

