**NORTHERN IRELAND (SENTENCES) ACT 1998**

**FORM A**

**Initial Application under s. 3(1)**

**IT IS IMPORTANT THAT ALL RELEVANT INFORMATION, INCLUDING ANY UPON WHICH YOU MIGHT WISH TO RELY AT AN ORAL HEARING, SHOULD BE PROVIDED TO AVOID UNNCESSARY DELAY OR THE NEED FOR ANCILLARY APPLICATIONS**

**PLEASE REMEMBER TO SIGN AND DATE THIS FORM BEFORE RETURNING WITH ANY SUPPORTING PAPERS TO:**

LAGANSIDE COURT

MEZZANINE

1st FLOOR

OXFORD STREET

BELFAST

BT1 3LL

***NOTES FOR GUIDENCE***

* The proceedings of the Commissioners are governed by the NI (Sentences) Act 1998 (Sentence Review Commissioners) Rules 1998.
* The requirements in relation to making an application are set out at Part ш of the Rules.
* The information and documents required to make up a complete set of Application papers are listed in Schedule 1 of the Rules.
* Please ensure that you include ALL offences that you wish the Commissioners to consider in the application form.
* It is important that all relevant information or documents which the Applicant wishes to rely on in support of the Application is submitted with this form in order to avoid delay or the need for submission of Ancillary Applications.
* Rule 5 governs the appointment of representatives.
* Please remember to sign and date this form before returning to the office of the Sentence Review Commissioners (Address listed on covering page).

***SECTION A – PERSONAL DETAILS***

**Applicant’s Name**

**Home Address**

**Date of Birth**

**Prison**

**Prison Number**

**The qualifying conditions for early release under the terms of the Northern Ireland (Sentences) Act 1998 are set out in Section 3 as follows:**

‘(3) The first condition is that the sentence –

a) was passed in Northern Ireland for a qualify offence, and

b) is one of imprisonment for life or for a term of at least five years

(4) The second condition is that the prisoner is not a supporter of a specified organisation

(5) The third condition is that, if the prisoner were released immediately, he would not be likely –

a) to become a supporter of a specified organisation, or

b) to become concerned in the commission , preparation or instigation of acts of terrorism connected with the affairs of Northern Ireland.

(6) The fourth condition is that, if the prisoner were released immediately, he would not be a danger to the public\*’

\**This condition only applies to prisoners who are serving a sentence of imprisonment for life in Northern Ireland*

**Please list below all of the sentences (including unexpired portions) in respect of which you wish to make an application for a declaration that you are eligible for release in accordance with the provisions of the Northern Ireland (Sentences) Act.**

**It is important that you include the following:**

* **details of the offence;**
* **date of commission of offence;**
* **date of conviction;**
* **sentence imposed; and**
* **court of sentence.**

**Please confirm if you meet these qualifying conditions and provide any information/evidence which will assist the Commissioners in determining eligibility in relation to each of the four conditions above.**

PLEASE USE CONTINUATION SHEET IF NECESSARY

CONTINUATION SHEET

**List and summarise the content of any supplementary papers you are attaching in support of your application.**

***SECTION B: REPRESENTITIVE***

**Have you appointed a person to act as your representative?**

Yes No

**If yes, please complete the fields below. If no, please proceed to section C:**

**Name of Representation**

**Contact Address for**

**Representative**

**Representative’s**

**Occupation**

**NOTE 1:** IF RULE 5(2) OR (3) APPLIES TO YOUR INTENDED REPRESENTITIVE, AN APPLICATION FOR AN ANCILLARY APPLICATION DECISION MUST BE SUBMITTED TO THE SENTENCE REVIEW COMMISSIONERS REQUESTING CONSENT FOR THAT PERSON TO ACT AS YOUR REPRESENTITIVE.

**NOTE 2:** IF YOU WISH TO APPLY FOR MONEY TO PAY FOR LEGAL ADVICE AND/OR REPRESENTATION PLEASE COMPLETE FORM B.

**NOTE 3:** IF YOU HAVECHOSEN TO APPOINT A REPRESENTITIVETHEY WILL RECEIVE ALL DOCUMENTATION IN RELATION TO YOUR CASE INSTEAD OF IT BEING SENT TO YOU.

***SECTION C: WITNESSES***

**If there is an oral hearing of your Application, do you wish to call any witnesses on your behalf? (if no please proceed to last page)**

Yes No

**If yes, please provide details below of any witness you would wish to call at any substantive hearing before the Commissioners and the substance of the evidence he/she would propose to adduce:**

Witness 1

**Name**

**Address**

**Occupation**

**Substance of**

**evidence to be**

**given**

WITNESS 2

**Name**

**Address**

**Occupation**

**Substance of**

**evidence to be**

**given**

Witness 3

**Name**

**Address**

**Occupation**

**Substance of**

**evidence to be**

**given**

Witness 4

**Name**

**Address**

**Occupation**

**Substance of**

**evidence to be**

**given**

**SIGNATURE DATE**

**\*\*\* END OF APPLICATION FORM\*\*\***