## When should I use this form?

Historical Homosexual Offences
Apply to have a conviction wiped

Fill in this form if you want to ask the Secretary for Justice to erase a conviction for a historical homosexual offence for yourself or on behalf of someone who has died.

This application will be considered by the Secretary for Justice under the Criminal Records (Expungement of Convictions for Historical Homosexual Offences) Act 2018.

Before you apply, please read the guidance information at justice.govt.nz/criminal-records

## How much does it cost to make a request?

There’s no cost to apply.

## How do I make my request?

Send your completed application form

### by post (no stamp required) to:

Att: Secretary for Justice

Ministry of Justice

SX10088

Wellington

### or by email to:

wiped@justice.govt.nz

## What happens after I’ve applied?

The Ministry of Justice will assess the application and advise the Secretary for Justice about it. The Secretary for Justice will decide, based on all the information available, whether your application meets the test for expungement.

We’ll send you the decision when it’s made. If your application is refused, the decision will include reasons explaining why. If your application is granted, we’ll take the necessary steps to ensure the conviction no longer appears on your criminal history.

## Where can I find more information?

If you need help with this form, you can:

* visit [justice.govt.nz/](http://www.justice.govt.nz/)criminal-records
* email wiped@justice.govt.nz

# Please give us your details

|  |  |
| --- | --- |
| Full name |       |
| Postal Address | Street address (if different) |
|       |  |       |
| Email |
|       |
| Phone: Mobile |  | Business |  | Home (if applicable) |
|       |  |       |  |       |

### Indicate your preferred contact address

|  |  |
| --- | --- |
| [ ]  | my email address |
|  |  |
| [ ]  | my postal address (in a plain envelope marked ‘private and confidential’) |
|  |  |
| [ ]  | my lawyer or other representative’s address. Please write their address below: |
|  |  |
|       |

## Are you applying for yourself or on behalf of someone who has died?

|  |  |
| --- | --- |
| [ ]  | myself |
|  |  |
| [ ]  | spouse/civil union partner/de facto partner of the convicted person |
|  |  |
| [ ]  | parent, sibling or child of the convicted person |
|  |  |
| [ ]  | executor, administrator or trustee of the estate of the convicted person |
|  |  |
| [ ]  | Other (please see below) |

### If you’re applying as ‘other’, the Secretary for Justice must decide whether you can represent the deceased person. Please provide information below about why it would be in the interests of the deceased person for you to represent them.

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# Details about the conviction

Please answer as many questions as you can. We understand you may not be able to answer all of them. The information you give us will help us find the relevant official records. The more information you can provide, the better.

## Please give us the personal details of the convicted person at the time they were convicted

|  |  |
| --- | --- |
| Full name |       |
|  |  |
| Previous name(s) |       |
| Address at time of conviction(s) |  |

|  |
| --- |
|       |

|  |  |
| --- | --- |
| Date of birth |       |

What was the offence? Please tick all that apply

|  |  |
| --- | --- |
| [ ]  | section 141 (indecency between males) of the Crimes Act 1961 |
|  |  |
| [ ]  | section 142 (sodomy) of the Crimes Act 1961 |
|  |  |
| [ ]  | section 146 (keeping place of resort for homosexual acts) of the Crimes Act 1961 |
|  |  |
| [ ]  | section 153 (unnatural offence) of the Crimes Act 1908 but only to the extent that the section covers committing buggery with any other male human being |
|  |  |
| [ ]  | section 154 (attempt to commit unnatural offence) of the Crimes Act 1908 but only to the extent that the section covers attempting to commit buggery with any other male human being, assault with intent to commit buggery with any other male human being, and indecently assaulting any other male human being. |

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|       |
|       |
|       |

Date of arrest

Date of charge

(if different)

Conviction date

Sentencing date

(if different)

Conviction/sentencing court location

|  |  |
| --- | --- |
|  |       |

Court record number/case number (if known)

|  |  |
| --- | --- |
|  |       |

Names and current contact details of other people involved (if known)

|  |  |
| --- | --- |
|  |       |

If you don’t know the precise details of the conviction, can you give us any other information about it? If so, please write the details here

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## Please tell us about the circumstances of the offence

So that the Secretary of Justice can assess whether your application meets the criteria in the Criminal Records (Expungement of Convictions for Historical Homosexual Offences) Act 2018, please give us a detailed description of the factual circumstances of the offence that you or the person you represent were convicted of. The more details you can provide, the better.

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## Additional Information to support your application

Please list below any additional documentation you’ve provided to us in support of your application. The more information you can provide about the circumstances, the better.

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## For two or more convictions, please give details addressing the questions in sections 2 to 4 above

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## Date and signature

I understand and accept that:

* The Ministry of Justice (‘the Ministry’) appreciates that this application contains personal information about highly sensitive and private matters. Except as necessary for the purposes of considering and determining this application, or as otherwise required by law, information relating to this application will be treated as strictly confidential and will not be disclosed to others.
* Information held in connection with this application is subject to the Official Information Act 1982 and the Privacy Act 1993.
* The information provided in and with this form will be held by the Ministry of Justice.
* The information will be used for the purpose of assessing and determining an application for expungement under the Criminal Records (Expungement of Convictions for Historical Homosexual Offences) Act 2018.
* The information will be kept securely. It will be seen by a small number of officials in the Ministry involved in assessing the application. It may be necessary in some cases to ask an expert advisor to assist with that assessment. If a decision is reconsidered, the information may need to be seen by an independent reviewer.
* For the purposes of assessing and determination this application, the Ministry may obtain information from other persons or organisations, and in order to do so may need to disclose some of the information provided in this application. Some additional information will be obtained from public sector agencies that hold relevant official records. If the Ministry wishes to obtain additional information from a private individual, it will consult with me before doing so.
* Anonymised statistical information about applications may be collated and published, for the purpose on reporting on the overall effectiveness of the expungement scheme.
* I have the right to ask to access and correct personal information held about me by the Ministry.
* The Ministry will contact me about this application via my preferred way of receiving correspondence.

I confirm that I wish to apply for the conviction described in this application to be legally expunged. I believed that I am eligible to make this application.

(If this application relates to an offence under section 141 or 142 of the Crimes Act 1961 or section 153 or 154 of the Crimes Act 1908) I confirm that, to the best of my knowledge, the conviction(s) I am applying to have expunged involved conduct that was entirely consensual and where all the participants were aged 16 or over.

I declare that all of the information provided as part of my application is true, complete, and correct to the best of my knowledge.

|  |  |
| --- | --- |
| Your name |       |

Please print and sign below.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

# Proof of identity attached

We need to confirm your identity and/or your relationship with the deceased person. Please enclose a certified copy of one of the following documents:

|  |  |
| --- | --- |
| [ ]  | Driver licence |
| [ ]  | Passport |
| [ ]  | Other photo identification (for example, firearms licence) |

If you’re applying as a representative of someone who has died, please provide proof of your relationship to the convicted person, for example, marriage or civil union certificate, birth certificate, probate documentation.

# Checklist

|  |  |
| --- | --- |
| [ ]  | Have you given us your contact details or the contact details of your representative? |
| [ ]  | Have you given us details of your conviction(s) or the conviction(s) of the person you represent? |
| [ ]  | Have you signed and dated the form? |
| [ ]  | Have you included proof of your identity? |

# Send us this form

Send your completed application form

### by post (no stamp required) to:

Att: Secretary for Justice

Ministry of Justice

SX10088

Wellington

### or by email to:

wiped@justice.govt.nz