

Douglas A. Ducey GOVENOR

# ARIZONA BOARD OF EXECUTIVE CLEMENCY

ELLEN KIRSCHBAUM CHAIRMAN

### PARDON APPLICATION A.R.S. § 31-441 and A.R.S. § 31-442

# HOW TO APPLY FOR A PARDON

- 1. Review the Pardon Instruction Sheet to ensure you have completed all the required steps. After the documents are received, complete the pardon application and have your signature page notarized.
- 2. We strongly prefer that you use a binder or paper clips to submit your pardon package. Please ensure that each document has your name and date of birth on it and arrange your petition in the following order.

Required:

- a) Original pardon application, with signature paged notarized and one (1) copy of the notarized application.
- b) Two (2) recent set of fingerprints.
- c) Affidavit of Publication in county of conviction.
- d) Green card return receipts from the certified mailing to the Prosecutor in county of conviction.
- e) One copy of the presentence report and court sentencing documents (minute entries) for each cause number.
- f) Documentation that all court fees and restitution has been paid. If your owe or previously owed child support, provide proof that you are current in payment or the order has been satisfied.
- g) Copy of your most current resume.
- h) Copy of your Absolute Discharge, Restoration of Civil Rights, and/or Conviction Set Aside Court Orders.
- i) A minimum of 3 letters of support. Only 1 reference may come from a family member who is related by blood or marriage.
- j) Any other documentation you wish to include for the Board to consider (certificates, resumes, evaluations etc.)
- 3. Send the documents via mail to: The Arizona Board of Executive Clemency, 1645 West Jefferson, Suite 101, Phoenix, Arizona 85007. Applications are received and processed continuously on a first come first served basis. Due to the high volume of petitions received,

**NO APPLICATIONS WILL BE PROCESSED IF ANY REQUIRED DOCUMENTATION IS MISSING**. It is highly recommended that you make a copy of the package for your personal records, as we will not return what is submitted. You may choose to use Certified mail/return receipt if you would like to verify the date the Board receives your package. We are not responsible for petitions that are lost if they are not submitted via certified mail. If you have any questions, please call our office at (602) 542-5656.

# APPLICATION FOR AN ARIZONA GOVERNOR'S PARDON

Please type (strongly preferred) or print legibly in ink the answers to the following questions. If the space for any answer is insufficient, please continue the answer on another sheet of paper and label the corresponding section that you are continuing. Each question must be answered fully, truthfully, and accurately.

### Any omission of falsification may constitute grounds for denial or revocation.

SECTION 1: Applicant Information:						
Last Name	First Name				Middle N	ame
<ul> <li>Imminent Danger of Death: Check this box if you are applying for a pardon based on Imminent Danger of Death.</li> <li>*ATTN TIME COMPUTATION UNIT: IF APPLYING UNDER IMMINENT DANGER OF DEATH AND THE APPLICANT HAS BEEN DEEMED STATUTORILY ELIGIBLE, PLEASE FORWARD THIS APPLICATION TO THE ARIZONA DEPARTMENT OF CORRECTIONS HEALTH SERVICES.</li> <li>"IMMINENT DANGER OF DEATH" means that an applicant has been examined by a medical doctor and that doctor has diagnosed the applicant as suffering from a medical condition which, in the doctor's professional medical opinion, will to a reasonable medical certainty result in the applicant's death within six (6) months. Imminent Danger of Death shall only apply for those applicants that are currently incarcerated."</li> </ul>						
Date of Birth:	Place of Birth					Gender: 🗌 Male
						Female
ADDRESS (Number and Street):					Apartm	ent Number / Floor
CITY:				STATE:	Zip Coo	de:
HOME PHONE NUMBER:		BUSINES	S PHONE N	IUMBER:	EX	TENSION:
( )		( )				
CELLULAR PHONE NUMBER:		E-MAIL A	DDRESS:			
SECTION 2: Family Information For your current residence, please list all members of your household below:						
Name:			Age:	Relation		
1.						
2.						
3.						
4.						
5.						
How long have you lived at your current address?						
Current Marital Status:	Single Married	└ Divorc		Widov		
Current Spouse / Partner's Name	Current Address	(if differen	t from your	current addr	ress)	Current Phone Number
How many children da you have?						
How many children do you have? Are you current with all court ordered child support (if applicable)? Yes No Not Applicable						
If you answered no, what is the reason for your failure to pay and describe any agreement you have made to satisfy your						
payment obligation:						

SECTION 3: Aliases and Other Names			
State in full every other name by which you have been known, including the reason for your use of another name,			
and the dates during which you were so known (i.e., include your maiden name, name by a former marriage,			
aliases, and nicknames):			
1.			
2.			
3.			

SECTION 4: Previous Application History				
Have you applied for pardon in the past?  Yes No				
If yes, please state the month(s) and year(s) you applied:				
Was a pardon granted?  Yes	If yes, type of Pardon granted:			
No				
The date the Board suggested you may reapply:				

SECTION 5: Citizenship Information:				
Are you a citizen of the United States of America?				
If you answered no, country of citizenship:				

SECTION 6: Gun Rights Restoration:				
If a pardon is granted, are you requesting the pardon to restore gun rights. 🗌 Yes 🔲 No				
If yes, please explain why you are seeking to possess a firearm:				

SECTION 7: Educational Background:					
Please check the highest grade completed:					
□ 13       □ 14       □ 15       □ 16       □ 17       □ 18       □ 19       □ 20       □ 21       □ 22       □ 23       □ 24+					
Please list any education or other special training you have received or are currently attending. Include the school					
name, dates attended, degrees received, and any honors achieved. If you attended training, note the type of					
training and agency that provided the training. You may also attach a copy of any certificates, diplomas or transcripts					
received to the application.					

SECTION 8: Military Record:						
Were you ever in any branch of the U.S. Armed Forces? Yes			ou answered yes, please answer the			
No		following:				
Branch of service:	Date of entry into active duty:		Date of Discharge:			
Did you serve in the National Guard?	Type of Discharge:		Rank at Discharge:			
			V			
SECTION 9: CRIMINAL HISTORY						
Have you ever been incarcerated in Arizona Yes No Inmate Number (if known):						
<b>Do you presently have any outstanding warrants, either federal or state?</b> Yes No If yes, state the pending charges, the arresting agency, and the court in which the case is pending. If you need more space, use the optional continuation page.						
SECTION 9: CRIMINAL HISTORY						

List all felony and misdemeanor (excluding traffic violations except DUI) convictions as an adult. **Please note the conviction(s)** which you are seeking a pardon. Any willful omission will be construed as falsification, and would be considered grounds for denial. Applicants should rely on their own information, as well as the official criminal record that was obtained from the local Police. If any uncertainty exists, a statement to that effect will remove grounds for rejection of the application on the basis of falsification. List your most recent conviction below, working back until all your convictions are listed. If you need more space, please use the "Criminal History (Attachment)" form attached to this application.

### Conviction #1 (most recent conviction)

CR number:	Disposition Date:	Sentence:			
Crime(s) Convicted of on this docket:					
🗌 Yes 🗌 No I am seeking a pardon from this conviction.					
In your own words, provide a complete and detailed account of this incident. Explain when, how and why each					
offense was committed, including the date and location. Explain any violations of probation if applicable.					

Conviction #2				
CR number:	Disposition Date:	Sentence:		
Crime(s) Convicted of on this docket:				
Yes No I am seeking a pardon from this conviction.				
In your own words, provide a complete and detailed account of this incident. Explain when, how and why each				
offense was committed, including the date and location. Explain any violations of probation if applicable.				

Conviction #3				
CR number:	Disposition Date:	Sentence:		
Crime(s) Convicted of on this docket:				
Yes No I am seeking a pardon from this conviction.				
In your own words, provide a complete and detailed account of this incident. Explain when, how and why each offense was committed, including the date and location. Explain any violations of probation if applicable.				

Check this box if you have more than 3 criminal convictions and have attached additional sheets using the same format as above.

### Have you ever been convicted of any crimes in any other State? Yes No

If yes, list the State where convicted, the approximate date of conviction, what crime you were convicted of and describe the incident. If you need more space, please continue on another piece of paper and label the section that you are continuing in the same format.

Have you had any arrests with any	Please explain:
law enforcement agency since your	
last sentence?  Yes No	

#### **SECTION 10: Employment History**

List your past 3 employers, starting with your present employer and working back. For each period you were unemployed, give dates of that period and reason. (Not required but an attached current pay stub or W-2 form will verify present employment to the Board)

Official Job title (Start with current or most recent job)		Company Name & Phone Number		Type of Business	
Employed From (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Years. Mos.)	Hours Worked Per Week		May we Contact this employer?
Business' full address			Reason for Leaving (if currently unemployed)		

Official Job title		Company Name & Phone Number		Type of Business	
Employed From (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Years. Mos.)	Hours Worked Per Week	May we Contact this employer?	
Business' full address			Reason for Leaving		

Official Job title		Company Name & Phone Number		Type of Business	
Employed From (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Years. Mos.)	Hours Worked Per Week	May we Contact this employer?	
Business' full address			Reason for Leaving	]	

# SECTION 11: Substance Abuse and Treatment Information:

Have you ever been addicted to or abused alcohol or drugs of any type? Yes No If yes, describe the type and dates of the addiction or abuse:

Do You Consider Yourself in Recovery? Ves No How are you maintaining your sobriety?

# Have you ever sought or participated in counseling, treatment, or a rehabilitation program for drug use or alcohol abuse (i.e. AA, NA, 12 Step Programs etc.)?

If yes, specify the dates of treatment or counseling, and provide the full name, address, and telephone number of the treatment facility and of the doctor, counselor, or other treatment provider. Indicate whether you completed the treatment program and the description of help received Attach any certificates or proof of participation to the end of this package.

Is there any other treatment you have participated in that you would like the Board to know about? 
Yes No
If yes, specify the dates of treatment or counseling, and provide the full name, address, and telephone number of the treatment facility and of
the doctor, counselor, or other treatment provider. Indicate whether you completed the treatment program and the description of help received
Attach any certificates or proof of participation to the end of this package.

#### **SECTION 12: Volunteer, Charitable and Community Activities**

Describe any charitable, volunteer, church or civic activities in which you have been engaged or other contributions you have made to the community since you have completed your sentence. List the names of any organizations in which you have participated, the time periods of your participation, your role in these activities, and the name, address, and telephone number of a person associated with each organization who is familiar with your involvement. If you need more space, please continue on another piece of paper and label the section that you are continuing in the same format.

#### **SECTION 13: Purpose of Application:**

1. State your reason(s) for seeking a pardon. If you need more space, please continue on another piece of paper and label the section that you are continuing in the same format.

2. In your own words, how have you changed since your criminal activity? You may also use this section to inform the Board about anything else that you would like the Board to consider. If you need more space, please continue on another piece of paper and label the section that you are continuing in the same format.

3.	Since your completion of the most recent sentence, what do you consider your most significant
	achievement? Why? If you need more space, please continue on another piece of paper and label the section that you are
	continuing in the same format.

4. What are the specific factors you would relay to the Governor to convince her that you are deserving of a pardon? If you need more space, please continue on another piece of paper and label the section that you are continuing in the same format.

Has anyone else assisted you in completing this pardon application? 🗌 Yes 🗌 No							
If you answered yes, complete the following information about the person / group:							
Name / Group	Address				Phone Number		
Do you plan to attend your pardon hearing? Yes No							
Is so, will your attendance by:	In-Person		Phor	e 🗌			

## PARDON APPLICATION

### SIGNATURE PAGE

This is to certify that I have applied for a Governor's pardon with the Arizona Board of Executive Clemency and have completed this application fully, truthfully, and accurately.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_

Applicant Signature

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

### Signature of Notary

My Commission Expires on: \_\_\_\_\_ (Notary Seal)