



ARIZONA BOARD OF EXECUTIVE CLEMENCY

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. Once you have compiled all your documents, complete the pardon application and have your signature page notarized. Your application must have a valid mailing address.
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. Arrange your petition in the following order.

Required:

- a. Original pardon application, with signature page notarized and one (1) copy of the notarized application.
- b. Two (2) recent sets of fingerprints.
- c. One copy of the presentence report and court sentencing documents (minute entries, plea agreement(s) etc.) for cause number (s) which you seek a pardon.
- d. Documentation that all court fees and/or restitution has been paid.
- e. If obtained, copy of your Absolute Discharge, Restoration of Civil Rights, and/or Conviction Set Aside Court Orders.
- f. A minimum of 3 letters of support. Only 1 reference may come from a family member who is related by blood or marriage.
- g. If you are applying for a pardon while imprisoned, you must comply with the following in accordance with A.R.S. 31-442:

At least ten (10) days before the Board of Executive Clemency acts upon an application for a pardon, written notice of intention to apply therefore, signed by the person applying, shall be served on the county attorney of the county where the applicant was convicted, and proof of service must be presented to the Board by affidavit. Unless dispensed with by the Governor, a copy of the notice shall be published for thirty (30) days from the first publication, in a paper in the county in which the conviction was had. Green card return receipts from the certified

mailing to the Prosecutor in county of conviction shall be included with the completed pardon application.

The provision of this section shall not apply:

1. When there is imminent danger of the death of the person convicted or imprisoned.
2. When the term of imprisonment of the applicant is within ten (10) days of expiration.

Recommended:

- a. If you owe or previously owed child support, please provide proof that you are current in payment or the order has been satisfied.
 - b. Copy of your most current resume.
 - c. Any other documentation you wish to include for the Board to consider (certificates, diplomas, evaluations etc.)
3. Send the documents via mail to: The Arizona Board of Executive Clemency, 4000 N Central Ave, Suite 2300, Phoenix, Arizona 85012. 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 falsification of information may constitute grounds for denial.

| SECTION 1: Applicant Information: | | | |
|--|--|--|----------------------------------|
| Last Name | First Name | Middle Name | |
| <input type="checkbox"/> Imminent Danger of Death: Check this box if you are applying for a pardon based on Imminent Danger of Death. *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 CORRECTIONAL HEALTH PROVIDER. | | | |
| “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. | | | |
| Date of Birth: | Place of Birth | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| ADDRESS (Number and Street): | | Apartment Number / Floor | |
| CITY: | | STATE: | Zip Code: |
| HOME PHONE NUMBER: () | BUSINESS PHONE NUMBER: () | EXTENSION: | |
| CELLULAR PHONE NUMBER: () | E-MAIL ADDRESS: | | |
| SECTION 2: Family Information | | | |
| For your current residence, please list all members of your household below: | | | |
| Name: | Age: | Relationship: | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| How long have you lived at your current address? | | | |
| Current Marital Status: | <input type="checkbox"/> Single | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widow |
| | <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Widower |
| Current Spouse / Partner's Name | Current Address (if different from your current address) | Current Phone Number | |

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| How many dependent children do you have? |
| Are you current with all court ordered child support (if applicable)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: |
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| 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. |
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| SECTION 4: Previous Application History |
| Have you applied for a Pardon in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please state the month(s) and year(s) you appeared before the AZ Board of Executive Clemency : |
| Was the Pardon recommended by the Board? <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| SECTION 5: Citizenship Information: |
| Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you answered no, country of citizenship: |
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| SECTION 6: Gun Rights Restoration: |
| If a pardon is granted, are you requesting the pardon to restore gun rights. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain why you are seeking to possess a firearm: |
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|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|
| SECTION 7: Educational Background: | | | | | | | | | | | |
| Please check the highest grade completed: | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19 | <input type="checkbox"/> 20 | <input type="checkbox"/> 21 | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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. | | | | | | | | | | | |
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| SECTION 8: Military Record: | | |
| Were you ever in any branch of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No | If you answered yes, please answer the following: | |
| Branch of service: | Date of entry into active duty: | Date of Discharge: |

| | | |
|--|--------------------|--------------------|
| Did you serve in the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No | Type of Discharge: | Rank at Discharge: |
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SECTION 9: CRIMINAL HISTORY

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| If previously or presently incarcerated in Arizona Department of Corrections, please provide your inmate number. | Inmate Number |
|---|---------------|

Do you presently have any outstanding warrants, either federal or state? 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 may 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 that the application was falsified. 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: |
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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.

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

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| Have you ever been convicted of any crimes in any other State? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>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.</i> |
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| Have you had any arrests with any law enforcement agency since your last sentence? <input type="checkbox"/> Yes <input type="checkbox"/> No | Please explain: |
|---|-----------------|

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? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Business' full address | | | Reason for Leaving | |

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| SECTION 11: Substance Abuse and Treatment Information: |
| Have you ever been addicted to or abused alcohol or drugs of any type? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe the type and dates of the addiction or abuse:</i> |
| |

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| Do You Consider yourself in recovery? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)? 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.

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. If you have completed your 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 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

If so, will your attendance be: **In-Person** **Phone**

Please indicate the phone number that you wish the Board to contact you on scheduled hearing date. The Board conducts hearings between 8:30 a.m. to 5:00 p.m. It cannot designate the time of day that your hearing will be conducted:

WORK: _____

CELL: _____

HOME: _____

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

INMATES MAY WAIVE THE NOTARY REQUIREMENT

Subscribed and Sworn before me this _____ day of _____, 20__

Signature of Notary

My Commission Expires on: _____
(Notary Seal)