



ARIZONA BOARD OF EXECUTIVE CLEMENCY

COMMUTATION OF SENTENCE APPLICATION (A.R.S. 31-402, 31-403, 31-411 AND A.R.S. 13-603(L))

A commutation of sentence reduces a sentence, either totally or partially, that is then being served. It does not change the fact of conviction, imply innocence, or remove civil liabilities that apply to the convicted person as a result of the criminal conviction.

FORWARD THIS APPLICATION DIRECTLY TO: ARIZONA DEPARTMENT OF CORRECTIONS, TIME COMPUTATION UNIT, 701 E Jefferson, Phoenix, Arizona 85034 or commutationidd@azadc.gov. Please list current offense(s) to be considered for Commutation of Sentence. Applicant must have served a minimum of two (2) years on his/her current offense(s) and is not within one (1) year of his/her parole eligibility or mandatory release date for sentences more than 3 years. Exceptions to this are special orders by the court (A.R.S. 13-603L), or imminent danger of death. The Board does not consider sentences of three years or less. **Future sentences (consecutive terms) will not be considered for reduction UNLESS the sentences are under the same criminal case number and the total sum of the future sentences equals 50 years or more. See Board policy #114 for more information.**

APPLICATION FOR COMMUTATION OF SENTENCE

Please type or print legibly in ink the answers to the following questions. If the space is insufficient, please continue the answer on another sheet of paper and label the corresponding section that you are continuing. Do not modify the application as **only this application will be accepted**.

Each question must be answered fully and truthfully.

SECTION 1: APPLICANT INFORMATION		
Last Name	First Name	Middle Name
ADCRR Number:		

Imminent Danger of Death: Check this box if you are applying for a Commutation of Sentence based on Imminent Danger of Death.*

A.R.S. 603L: Check this box if you applying under the provision whereby the sentencing Court has entered a special order allowing you to petition the Board for a commutation of sentence within 90 days of your commitment to the custody of the Department of Corrections. If a 603(L) commutation is not recommended by the Board, you may reapply for commutation pursuant to the provisions of your sentence or a minimum of three years. The Board will only consider a request to reapply sooner if you make that request at the time of the initial 603(L) hearing and the Board votes by majority decision to allow you to reapply sooner than the standard timeframe.

***“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 four (4) months. Imminent Danger of Death shall only apply for those applicants that are currently incarcerated.” *The Board of Executive Clemency will only consider those applications, under this provision, that are statutorily eligible and certified by the Department of Corrections. Confirmation of medical status from the Arizona Department of Corrections Health Services Unit must be attached to this application.**

Date of Birth:	Place of Birth	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Facility & Unit Location:		Classification:	
Do you have any detainer(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		List Authority: (INS, County, City, State etc.)	

SECTION 2: SENTENCE(S) SEEKING COMMUTATION

List Each Sentence That You Are Requesting To Have Commuted

Cause No./Count	Committing Offense (Do Not Use A.R.S. Statute)	Sentence Received	Exact Years and/or Months Request to be Reduced from Sentence
1.			
2.			
3.			
4.			
5.			
6.			

SECTION 3: FAMILY/SUPPORT INFORMATION

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
If released, how many children will reside with you under the age of eighteen (18)?	_____		

Please list any individual (s) that will support you in the community.

Name:	Age:	Relationship:
1.		
2.		
3.		
4.		
5.		

SECTION 4: COMMUTATION APPLICATION HISTORY

Have you applied for a Commutation in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please state the month(s) and year(s) you applied:	
What sentence(s) did you apply for:	
1. _____	
2. _____	
3. _____	
4. _____	
Was a commutation recommended to the Governor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, did you receive a decision? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was the decision?	

SECTION 5: OFFENSE INFORMATION

Describe in DETAIL your involvement in the offense. Who was involved in the crime (Co-Defendants, Victims etc.)? What were your actions/motives before and immediately after the crime? Be specific and describe your exact responsibility in the crime. *Please, no general statements.*

SECTION 6: PURPOSE FOR COMMUTATION

The Court sentenced you for the crime you committed. Why are you now seeking to reduce your sentence?

If any, what mitigating and/or aggravating factors were considered by the Court relating to the sentence(s) you are asking for commutation. In other words, what factors were presented to allow a lesser (mitigating) sentence or make it harsher (aggravating) than typically received (presumptive).

Sentence	Mitigating Factors	Aggravating Factors

If you agreed to a plea bargain, why are you now asking the Board to recommend to the Governor modify the agreement you made with the Court?

For all persons committing offenses on or after January 01, 1994, the Board will vote to recommend a reduction of sentence to the Governor only after finding by clear and convincing evidence that the sentence imposed is clearly excessive given the nature of the offense and the record of the offender and that there is a substantial probability that when released the offender will conform their conduct to the requirements of the law. If your conviction meets these time frames, why is your sentence excessive?

For persons committing offenses prior to January 01, 1994, why do you feel your sentence should be commuted?

Why should the Board believe that you will remain crime free if released earlier than your sentence end date?

Since your incarceration, what has been your most significant achievement? Why?

What are the specific factors you would relay to the Governor to justify that you are deserving of a commutation of sentence?

1.
2.
3.
4.
5.

SECTION 7: SUBSTANCE ABUSE AND TREATMENT INFORMATION

1. Have you ever been addicted to or abused alcohol or drugs of any type? Yes No

2. Were drugs or alcohol involved in the offense that you seeking commutation? Yes No

3. Have you used drugs or alcohol during your incarceration? Yes No

4. Do you consider yourself in recovery now? Yes No

If yes, please complete Question 4a.

4a. How long have you been in recovery and how do you maintain?

5. List any substance abuse programming and dates of attendance that you have completed while incarcerated on this sentence?

PROGRAM NAME

DATE

1.

2.

3.

4.

5.

6.

SECTION 8: DISCIPLINE RECORD

List any and all disciplinary write-ups and outcomes you have received in the last five years since your incarceration on the conviction for which you are seeking clemency. Include all minors and majors.

Discipline (Note if Major or Minor)	Explanation

SECTION 9: POSITIVE ACCOMPLISHMENTS

WORK HISTORY

- 1. What is your current work assignment and how long have you been in this assignment?
- 2. If you are not working, please explain.

PROGRAMMING

List any and all education classes and/or programs you have completed since in the last 3 years.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

RELEASE PLAN

If the Board recommends a commutation of sentence to the Governor, what is your plan for release?

RESIDENCE:

WORK:

COMMUTATION OF SENTENCE APPLICATION SIGNATURE PAGE

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I completed this application with no assistance. Yes No

If you answered no, please provide the following information:

Name of individual/group that assisted you in completing this application:

Relationship: _____

Reason for assistance: _____

This is to certify that I have applied for a Governor's commutation of sentence with the Arizona Board of Executive Clemency and have completed this application fully, truthfully, and accurately. ***If I am filing under imminent danger of death, I understand and agree that my medical records will become public record and discussed in open forum and may be forwarded to the Governor's office and reviewed by Governor's office staff.**

Applicant Signature

Dated this _____ day of _____, 20__