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**ARIZONA  
BOARD OF EXECUTIVE CLEMENCY**

**APPLICATION FOR ABSOLUTE DISCHARGE FROM PAROLE  
(A.R.S. 31-414)**

**Offenses committed prior to July 17, 1993: Parolees may submit an application on their own behalf and mail directly to: ARIZONA BOARD OF EXECUTIVE CLEMENCY, 1645 W. Jefferson, Suite 101, Phoenix, Arizona 85007. Applications must be fully completed or it will be returned to applicant.**

**Offenses committed after July 17, 1993: Parolees to complete application and then submit to their Supervising Parole Officer. The Arizona Department of Corrections/Community Supervision Division will submit directly to the Board of Executive Clemency-Attention Parole Desk.**

**APPLICANT INFORMATION**

Last Name	First Name	Middle Name
ADC Number:		
Current Residence Address:		
List mailing address, if different:		
Contact Phone:		
Cell:		
Home:	Work:	

**EMPLOYMENT**

Employer	Type of Work	Date Employed	Termination Date & Reason for leaving

**OFFENSE INFORMATION**

Offense(s) for Absolute Discharge	CR Number	County	Sentence

**Describe your behavior while on parole that demonstrates that you are a law abiding citizen, a contributor to the community and are no longer a risk to others.**


1. Date of Parole Grant: \_\_\_\_\_ Date Released: \_\_\_\_\_
2. If any, sentence expiration date: \_\_\_\_\_
3. Was restitution imposed on sentence(s)?    (circle one)    Yes    No
4. If so, what was the order amount?    \$ \_\_\_\_\_ per \_\_\_\_\_
5. In order to receive Absolute Discharge, restitution must be paid in full. Is your court-ordered restitution been satisfied with the court? (circle one)    Yes    No

**PRIOR CONVICTIONS**

Offense(s)	Cause Number	State/County	Sentence

**PAROLE CONDITIONS**

List any special release conditions imposed by the Board of Executive Clemency:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**PAROLE SUPERVISION**

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 any, how many children reside with you under the age of eighteen (18)?			
<b>Please list key individual (s) that has provided support to you since your release.</b>			
Name:	Age:	Relationship & Type of Support:	
1.			
2.			
3.			
4.			
5.			

1. How would your parole officer describe your RELEASE behavior to the Board?

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**List any violations and any sanctions that have occurred during your parole:**

Year	Violation

During parole, have you ever been returned to custody? (circle one)    Yes        No

If any, what caused your return?

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**PROGRAM ATTENDANCE**

List programs you have attended and COMPLETED while on parole
1.
2.
3.
4.
5.

1. What program was most beneficial to you and why?

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**List five factors that the Board members should consider when determining to grant you an absolute discharge from your sentence?**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

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**APPICANT SIGNATURE**

**DATE**

**COMMUNITY CORRECTIONS APPLICATION**  
**(If Applicable)**

To Be Completed by Community Corrections Officer (CCO):

1. Please provide any information relating to these areas and the offender's supervision while on parole:

A. Substance Abuse

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B. Mental Health

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C. Program Needs

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D. Program Commitment

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E. Employment

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F. Community Support

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I am submitting this absolute discharge application for the following reasons:



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Community Corrections Officer (CCO)

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Date

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Sr. CCO/Community Corrections Supervisor

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Date

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Community Corrections Manager

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Date