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**ARIZONA
BOARD OF EXECUTIVE CLEMENCY**

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

DATE: _____

D.O.B.: _____

APPLICANT'S NAME: _____

ADOC# _____

MAILING ADDRESS: _____

PHONE NUMBERS: _____

OFFENSES FOR WHICH YOU ARE SEEKING AN ABSOLUTE DISCHARGE FROM PAROLE

OFFENSE(S)	CAUSE NUMBER	COUNTY	SENTENCE RECEIVED	SENTENCE DATE	ADOC COMMIT DATE

PRIOR IMPRISONMENTS:

DATE STATE OFFENSE(S)
SENTENCE(S)

DATE	STATE	OFFENSE(S)	SENTENCE(S)

PAROLE CONDITIONS:

DATE RELEASED ON PAROLE: _____ PAROLE EXPIRATION DATE _____

SPECIAL CONDITIONS IMPOSED BY THE ARIZONA BOARD OF EXECUTIVE CLEMENCY
(INCLUDE FEE-PAID PAROLE AND RESTITUTION, IF APPLICABLE):

SECTION FOR ADC PAROLE DIVISION USE ONLY IF APPLICABLE:

OFFICER/AGENCY VERIFICATION OF CONDITIONS COMPLETED (JUSTIFY CONDITIONS NOT MET):

EMPLOYMENT RECORD WHILE ON PAROLE: (INCLUDE NAME OF EMPLOYER, TYPE OF EMPLOYMENT, DATE STARTED AND TERMINATION DATE, AND REASON FOR LEAVING.)

**SECTION FOR ADC PAROLE DIVISION USE ONLY IF APPLICABLE: SUMMARY OF
EMPLOYMENT**

FAMILY STATUS:

***SECTION FOR ADC PAROLE DIVISION USE ONLY IF APPLICABLE: PAROLE OFFICER'S
RECOMMENDATION AND JUSTIFICATION:**

APPLICANT S SIGNATURE

DATE

*PAROLE OFFICER'S SIGNATURE

DATE

*DEPUTY COMPACT ADMINISTRATOR

*ADMINISTRATOR/ADULT PAROLE SVCS

* OPTIONAL FOR OFFENSES COMMITTED PRIOR TO JULY 17, 1993.

** THE MEDICAL STATUS MUST BE VERIFIED BY A LICENSED MEDICAL PHYSICIAN AND
FORWARDED TO OUR OFFICE