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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) CR#  
SENTENCE(S)

DATE	STATE	OFFENSE(S)	CR#

**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):

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**SECTION FOR ADC PAROLE DIVISION USE ONLY IF APPLICABLE:**

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

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

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

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**FAMILY STATUS:**

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

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\_\_\_\_\_  
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