

Douglas A. Ducey
GOVERNOR



DR. C.T. WRIGHT
CHAIRMAN

1645 West Jefferson
Suite 101
Phoenix, Arizona 85007-3000
(602) 542-5656
FAX (602) 542-5680

**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)?			
Please list key individual (s) that has provided support to you since your release.			
Name:	Age:	Relationship & Type of Support:	
1.			
2.			
3.			
4.			
5.			

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

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?

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?

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. _____

APPLICANT 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

B. Mental Health

C. Program Needs

D. Program Commitment

E. Employment

F. Community Support

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

Community Corrections Officer (CCO)

Date

Sr. CCO/Community Corrections Supervisor

Date

Community Corrections Manager

Date