



ARIZONA BOARD OF EXECUTIVE CLEMENCY

COMMUTATION OF SENTENCE APPLICATION (A.R.S. 31-411 (H) (I) (1), 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, 1601 West Jefferson, Phoenix, Arizona 85007. 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. 13-603), or sentences of three (3) years or less (see Policy 114), or imminent danger of death. **Future sentences (consecutive terms) will not be considered for reduction.**

HOW TO PREPARE AND SUBMIT THIS COMMUTATION APPLICATION:

1. Carefully review the applicable Arizona Revised Statutes, this Arizona Board of Executive Clemency's Commutation of Sentence Application and the Department of Corrections procedures for before submitting this application.
2. All applications should be submitted in blue or black ink if handwritten.
3. Review all the questions in this application before you begin filling in the various sections. Obtain the necessary information to complete each question. Answer each question or section truthfully and completely. *If you need more space, please continue your comments on another piece of paper and label each section on that paper so your answers will be complete when reviewed.* Failure to answer any question or section in this application may deem the application incomplete. Any application deemed incomplete will be returned to its originator with no action being taken by the Board.
4. List current offense(s) to be considered for Commutation of Sentence. An applicant must have served a minimum of two (2) years on his/her current offense(s) and must not be within one (1) year of his/her parole eligibility or mandatory release date for sentences of more than 3 years to be deemed eligible. **Exceptions** to this are special orders by the court (A.R.S. 13-603L), sentences of three (3) years or less (see Policy 114), or imminent danger of death commutation applications.
5. Future sentences (consecutive sentences) will not be considered unless application qualifies under the "imminent danger of death" statutory provision.
6. The filing of or acceptance of an application for a commutation of sentence does not imply or guarantee that the Board of Executive Clemency will recommend any applicant to the Governor for consideration.

APPLICATION FOR AN ARIZONA GOVERNOR'S COMMUTATION OF SENTENCE

Please type (strongly preferred) or print legibly in ink the answers to the following questions. If the space for any answer is insufficient, please continue the answer on another sheet of paper and label the corresponding section that you are continuing.

Each question must be answered fully and truthfully.

SECTION 1: APPLICANT INFORMATION			
Last Name	First Name	Middle Name	
ADC Number:			
<input type="checkbox"/> Imminent Danger of Death: Check this box if you are applying for a Commutation of Sentence based on Imminent Danger of Death. *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. “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.”			
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.			

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 that may be attending the hearing to support you:			
Name:	Age:	Relationship:	
1.			
2.			
3.			
4.			

5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

SECTION 4: COMMUTATION APPLICATION HISTORY

Have you applied for a Commutation in the past? Yes 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?

Yes No

If yes, did you receive a decision?

Yes No

If yes, what was the decision?

SECTION 6: PURPOSE FOR COMMUTATION

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

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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 the Governor modify the agreement you made with the Court?

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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?

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?

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?

1.

2.

3.

4.

5.

6.

7.

8.

9.

**Section 9: POSITIVE ACCOMPLISHMENTS
INMATE 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.

INMATE PROGRAMMING

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

INMATE RELEASE PLAN

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

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 public forum.**

Applicant Signature

Dated this _____ day of _____, 20__