

**STATE BOARD OF PARDONS COMMISSIONERS**  
**1677 Old Hot Springs Road, Suite A**  
**Carson City, Nevada 89706**  
**(775) 687-5049**  
**(775) 687-6736 (Fax)**

## Application for a Pardon

### SECTION 1

Applicant Name:		E-mail:	
Home Tel.	Work Tel.	Cell #.	
Address:		City:	ST:      ZIP
Name of applicant as convicted:			
Date of birth:		Social Security #:	
Are you a U.S. Citizen?	Yes                  No	Gender: Male      Female	
		Ethnicity ( <i>Select one from box.</i> )	
Married?	Yes                  No	Annual Salary:	Type:
Have you ever declared bankruptcy?		If "Yes," provide the name of the court and the year your debt was discharged:	
Employer Name:			
Employer Address:			
Phone Number		Supervisor:	
<p><b>Requested Action:</b>      Unconditional Pardon including right to bear arms                                           Pardon with restoration of civil rights <i>without</i> the right to bear arms</p> <p>Please explain if there is a specific need for the right to bear arms to be restored, or if you are requesting a pardon without the restoration of the right to bear arms, please explain why.</p>			
Please explain if you have an extraordinary need for a Pardon:			

## SECTION 2

Please provide a summary of all convictions that you have received in any jurisdiction (Misdemeanors and felonies):

Month/Day/Yr.	Location	Conviction	Sentence

*[If you need more space to list convictions, check the box and click this link.](#)*

List each case that you wish to have action on. Note: NV Cases only.

Conviction:		Case #:	
Judicial District Court:		County:	
Amount of Fine, Forfeiture or Restitution:		Have all Fines and Restitution been paid? Yes ; No If "Yes," enter the year of completion	
Name of Sentencing Judge:			
Sentence Date:			
Term of Sentence: (includes prison or probation terms)		Date of discharge from: Parole Probation: Prison:	

Conviction:		Case #:	
Judicial District Court:		County:	
Amount of Fine, Forfeiture or Restitution:		Have all Fines and Restitution been paid? Yes ; No If "Yes," enter the year of completion	
Name of Sentencing Judge:			
Sentence Date:			
Term of Sentence: (Includes prison or probation terms)		Date of discharge from: Parole Probation Prison:	

*[If you need more space to list more requests for actions, check the box and click this link.](#)*

**SECTION 3**

Check if you have ever appeared before the Nevada Pardons Board

If checked, type in the date and action taken.

Check if you been granted clemency on a conviction that occurred in another jurisdiction.

If checked, please indicate the case, year of conviction and date of clemency.

Check if you have an application for clemency pending, or under review, in another jurisdiction?

If checked, please explain.

List **all** arrests in the last 10 years that did not result in conviction:

Month/Day/Yr.	Location	Arrest Charge	Explain circumstances

*[If you need more space to list arrests, check the box and click this link.](#)*

If there are any legal proceedings now pending against you, please explain them.

Do you have now, or will there be in the future, any plans to appeal your conviction through the courts?

Please provide a detailed explanation of why you think it is appropriate, at this time, to grant your request.

## Certification and Confirmation of Digital Signature

I confirm that all of the information that I submitted in the electronic version of the pardon application that I submitted is true is correct.

Signature: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Submission Instructions:

1. The application may be submitted via mail, in person or electronically, but first, print and save a copy of your completed application. You may use the buttons below if desired.
2. Electronic Submission: If you wish to submit this document via email or through a secure server, select the appropriate submission button below. If you submit the document electronically, you must deliver the signed, notarized waiver (USPS/ Fed Ex/in person) within 7 days to the adress listed below.
3. Mail/In Person: You may send, or deliver in person, the application and notarized, signed waiver to:

**STATE BOARD OF PARDONS COMMISSIONERS  
1677 Old Hot Springs Road, Suite A  
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## Waiver and Liability Release

Name: \_\_\_\_\_ Soc. Sec#: \_\_\_\_\_ DOB: \_\_\_\_\_  
(print or type)

This is to certify that I have applied for a pardon and the restoration of my civil rights and acknowledge that an investigation will be conducted prior to my case appearing before the Nevada Board of Pardons Commissioners (Pardons Board). In consideration for the processing of my application, I, \_\_\_\_\_, do hereby agree to the following:

### WAIVER OF LIABILITY AND INFORMATION TO BE RELEASED:

Having made application to the Pardons Board and desiring it to be informed as to my record and character, I authorize and desire the release of any information, verbal and/or written, which includes but is not limited to information related to current or previous employment, personnel records, criminal records, educational records, any investigative records, credit records, tax or bank records, correctional records, sealed records, confidential records or information previously agreed to be withheld, medical records, mental health records, opinions of my character or conduct, and any and all information that a person or entity may have concerning me, and I agree to hold all entities and persons whomsoever from any liability because of furnishing said information.

### INFORMATION TO BE RELEASED FROM:

Any person or entity who may have knowledge of the above named individual including but not limited to friends, family members, neighbors, acquaintances, co-workers, businesses, previous or current employers, any law enforcement or corrections agency, any mental health or medical organization, clinic, physician, laboratory, pharmacy, hospital, inpatient or outpatient program or facility, any credit reporting bureau, any educational facility or institution, any financial institution, or any other person or entity deemed relevant by the agency or person conducting the background investigation incident to my application for pardon and restoration of civil rights, may furnish said information.

### INFORMATION TO BE RELEASED TO:

The Nevada Department of Public Safety, the Nevada Division of Investigations, the Nevada Division of Parole and Probation, the Pardons Board, the Nevada Department of Corrections, the Nevada Criminal History Repository, the Nevada Board of Parole Commissioners, the office of the Nevada Attorney General, the Nevada Supreme Court, the office of the Governor of the State of Nevada or any other person, department or agency inside or outside the State of Nevada involved with gathering information during the conduct of the investigation incident to my application for pardon and restoration of civil rights, may receive said information.

### PURPOSE OF RELEASE:

I, the above named applicant, have requested a pardon and the restoration of civil rights. The members of the Pardons Board may consider a wide range of factors including my character, conduct, criminal record, mental or medical health status and any other significant history about me incident to such application for clemency.

I understand that my authorization under this Waiver and Liability Release is voluntary and that I may refuse to sign this document. I understand that I am not entitled to receive or examine, review or otherwise discover the contents of the information gathered or disclosed in the course of the investigation incident to my application for pardon and restoration of civil rights. I understand that if I refuse to sign this authorization document, my application for pardon and restoration of civil rights will not be considered. I understand that information gathered may become public record if the subject application is brought for consideration at a meeting before the Pardons Board. I understand that I may revoke this authorization under this Waiver and Liability Release at any time by notifying the Pardons Board in writing at 1677 Old Hot Springs Rd., Suite A, Carson City, NV 89706, except to the extent that action has taken place in reliance on this authorization document. I understand that any such revocation of authorization will result in the termination of any pardons investigation or termination of further consideration for clemency. This waiver shall apply to any right of action of any nature whatsoever, that may accrue to myself, my heirs or my personal representative(s).

by \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of person waiving rights

Signature of Notary

Notary Public in and for said County of \_\_\_\_\_

State of \_\_\_\_\_

(Notary Seal)