

## STATE OF NEVADA

ADDRESS ALL COMMUNICATIONS TO

**PARDONS BOARD**  
1677 OLD HOT SPRINGS ROAD  
SUITE A  
CARSON CITY, NEVADA 89706  
TELEPHONE (775) 687-6568  
FAX (775) 687-6736

DENISE DAVIS, Executive Secretary



**BOARD OF PARDONS**  
**STEVE SISOLAK**  
Governor, Chairman  
**AARON D. FORD**  
Attorney General, Member  
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Justice, Member  
**LIDIA S. STIGLICH**  
Justice, Member  
**ELISSA F. CADISH**  
Justice, Member  
**ABBI SILVER**  
Justice, Member

## BOARD OF PARDONS

**To:** Pardons Board Members  
**From:** Denise Davis, Executive Secretary  
**Subject:** Pardons Board Application Process  
**RE:** Agenda Item V– Current backlog of community cases

I began examining the application and investigative processes to determine what changes we might implement to improve the process, assist in eliminating the backlog and remove unnecessary barriers that may hinder the clemency process for applicants.

Included with this memo is the draft of a document entitled “Community Case Clemency Application General Process.” This document is intended to assist in the process of reviewing and investigating community case applications. I believe the implementation of the attached proposed process will assist in clarifying the process and help eliminate unnecessary delays.

Also attached is a draft of a new community case application, and the current pardons questionnaire for the formal investigation.

After reviewing the draft application and the Division’s questionnaire I discovered there is duplication of information being requested on applicants. I intend to work with the Division to ensure that our application and investigative documents eliminate as much duplication as possible to help in streamlining the clemency process.

Any feedback regarding the contents of the process information sheet and the application and questionnaire would be greatly appreciated.

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## BOARD OF PARDONS

June 19, 2019

### **Community Case Clemency Application General Process**

This document has been prepared pursuant to NRS 213.017(3)(c) and NAC 213.073, and is intended to provide clarification and guidance regarding the application process of community case clemency applicants.

It is the intention of the Pardons Board Secretary (Secretary) that the application process be as barrier-free as possible to clemency applicants. The Division of Parole and Probation (Division) is free to consult with the Secretary for advice on scenarios that are not covered in this document, and this document may be revised from time to time to provide additional clarification on the clemency application process.

#### **Receipt of a Community Case Application**

The Pardons Board has established criteria for Pardons Applicants which can be found in sections 213.005-213.205 of the Nevada Administrative Code.

When an application is received, the Secretary will acknowledge receipt of the application in writing to the applicant; review the application for eligibility compliance; and conduct a telephone conference call with the applicant to gather any information that may have been omitted. The Secretary may enter missing information onto the application to assist the investigative efforts of the Division.

If the content of the application meets the minimum requirements established by the Board, the Secretary will classify the application as being eligible for in-absentia action, or one that requires consideration at a meeting before the Board, and then forward the application to the Division for a preliminary investigation.

If the content of the application does not meet the minimum eligibility criteria established by the Board, the Secretary will review the application for any extenuating circumstances that may merit the waiving of the criteria set forth in NAC 213.065. If no extenuating circumstances meriting a waiver exist, the application will be returned to the applicant with the reason for the rejection along with a copy of the criteria.

If circumstances exist that may merit the waiving of any criteria, the Secretary may consult with a Member of the Board (Member) regarding the circumstances. The Secretary may waive the waiting period listed in subsection 1 of NAC 213.065 with the consent of a Member, and a Member may select an application for clemency for consideration notwithstanding<sup>1</sup> the procedures and criteria established by the Secretary.

#### **Preliminary Investigation by the Division**

In an effort to avoid preparing reports on ineligible applications, a preliminary criminal history check should be performed. When omitted criminal convictions are discovered, the Division should contact the applicant to confirm and obtain input on the omitted convictions. The Division may enter omitted information onto the application. The omission of information on an application will not be grounds for automatic rejection, unless it appears the omission was a deliberate concealment of disqualifying criteria.

The Division should inform the Secretary of any omitted criminal conviction history to allow for a secondary review and eligibility determination. The Division should provide to the Secretary the details of any potentially disqualifying undisclosed criminal history including the dates and types of arrests and/or convictions.

Upon receipt of notification of potentially disqualifying undisclosed criminal misconduct, the Secretary will review the information to determine whether to disqualify the application. The Secretary may consult with the applicant and a Member regarding the negative information prior to making a final eligibility determination.

The Secretary will inform the Division of the outcome of the secondary eligibility determination based upon the preliminary investigation by instructing the Division to proceed with an investigation or to return the application because of disqualification.

If the preliminary investigation does not return any undisclosed negative information, the Division should prepare a report for the Pardons Board.

#### **Felony Convictions in Other Jurisdictions**

It is not necessary for an applicant to receive clemency for convictions in other jurisdictions prior to being considered for clemency in Nevada.

If an applicant receives an unconditional pardon for a Nevada case, it will not relieve the applicant from any disabilities stemming from convictions in other States. The Secretary will advise successful applicants of this information when providing a copy of the final Pardons Order to them.

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<sup>1</sup> The Governor may remove from consideration any application for clemency that has been selected for the consideration of the Board in accordance with NAC 213.055(4).

### **Member Sponsorship of Applications**

A Member of the Pardons Board who waives eligibility criteria or sponsors a case for consideration by the Pardons Board may do so by providing a written request to the Secretary directly or through their staff, in letter format or via email. Members may also request an applicant be placed on a specific agenda.

The Secretary shall inform the Division of cases where disqualifying criteria has been waived by a Member, or when a sponsored case has been placed on an agenda by a Member. Notice to the Division from the Secretary is sufficient for the Division to initiate an investigation and/or appropriately prioritize an investigation to ensure its completion in a timely manner.

### **Contents of Report**

Clemency reports should be prepared in the style and with similar content in which pre-sentence reports are prepared with the addition of post-conviction conduct. Reports must be based on factual information rather than opinion, and be styled to avoid intentionally slanting information in a negative or positive light.

Any opinions regarding the merit of the application should be expressed in the recommendation by the Chief Parole and Probation Officer in accordance with NAC 213.073(2).

### **Completed Reports**

Reports that are classified as qualifying for in-absentia review should be returned to the Secretary as soon as completed by the Division. The Secretary will circulate the completed in-absentia reports first to the Governor. If the Governor denies an in-absentia application, the Governor may elect to have the case placed on the next public hearing agenda, or reject the application in its entirety and return it to the Secretary.

Applications approved by the Governor will be reviewed by the Attorney General followed by the Members of the Supreme Court. If a majority of the Members of the Board, including the Governor, approve an application in-absentia, the Secretary will submit a Pardons document bearing the official action of the Board.

**STATE OF NEVADA BOARD OF PARDONS  
CARSON CITY, NEVADA  
Application for Pardon (DRAFT)**

**SECTION 1 - Identification and Employment**

Date:			
Applicant Name:		Email:	
Home Tel.	Work Tel.	Cell #.	
Physical Address:		City:	ST: ZIP:
Mailing Address:		City:	ST: ZIP:
Date of birth:	Age:	Gender (at time of conviction): ___M ___F ___Other	
Social Security #:		Married or Single:	
Country of Citizenship: _____ USA _____ Other – Country name: _____			
<b><i>If Represented by Counsel</i></b>			
Attorney Name:		Email:	
Telephone #:			
Mailing Address:		City:	ST: ZIP:
<b><i>Current Employment</i></b>			
Employment Status: Full time / Part time / Unemployed / Retired / Disability / Other			
Annual Salary:			
Employer Name:			
Employer Address:		City:	ST: ZIP:
Employers Tel. #:		Supervisor:	

Applicant Name:

**SECTION 2 - Requested Action**

**Requested Action:** \_\_\_ Unconditional Pardon with restoration of civil rights *to include* the right to bear arms  
\_\_\_ Pardon with restoration of civil rights *without* the right to bear arms

If you are requesting an unconditional pardon with the restoration of the right to bear arms, please explain if there is a specific need for the use of a firearm, or if the request for a full pardon is general in nature.

If you are requesting a Pardon with the restoration of civil rights without the right to bear arms, please explain if there is a specific reason for not requesting an unconditional pardon.

If applicable, please explain any specific circumstances that create an urgent need for a pardon (i.e., employment, licensing, deportation, etc.): Please attach any documentation you may have to support the circumstances.

Applicant Name:

**SECTION 3 - *Statement of justification***

Provide any statement detailing why you think it is appropriate at this time to grant your request.

Applicant Name: \_\_\_\_\_

**SECTION 4 - Criminal Cases to be considered for a Pardon**

Note: Only felony convictions and misdemeanor domestic battery convictions received in Nevada may be considered<sup>1</sup>. List each case that you wish to have action on. Attach a separate sheet if necessary.

Conviction Offense: _____		Case #:
Judicial District Court: _____	County: _____	
Amount of Fine, Forfeiture or Restitution: _____	Have all Fines and Restitution been paid? Yes/No If so, year of completion _____	
Name of Sentencing Judge: _____	Sentence Date: _____	
Term of Sentence: _____ (includes prison or probation terms)	Date of discharge from: Probation _____	
Has this record been sealed? ___ Yes / ___ No	Parole _____ Prison _____	

Conviction Offense: _____		Case #:
Judicial District Court: _____	County: _____	
Amount of Fine, Forfeiture or Restitution: _____	Have all Fines and Restitution been paid? Yes/No If so, year of completion _____	
Name of Sentencing Judge: _____	Sentence Date: _____	
Term of Sentence: _____ (includes prison or probation terms)	Date of discharge from: Probation _____	
Has this record been sealed? ___ Yes / ___ No	Parole _____ Prison _____	

Conviction Offense: _____		Case #:
Judicial District Court: _____	County: _____	
Amount of Fine, Forfeiture or Restitution: _____	Have all Fines and Restitution been paid? Yes/No If so, year of completion _____	
Name of Sentencing Judge: _____	Sentence Date: _____	
Term of Sentence: _____ (includes prison or probation terms)	Date of discharge from: Probation _____	
Has this record been sealed? ___ Yes / ___ No	Parole _____ Prison _____	

**If any records on the above cases have been sealed, please include a copy of the order sealing records if available.**

<sup>1</sup> Misdemeanor convictions received in Nevada that bar occupational licensing or other specific employment may be considered.



Applicant Name:

**SECTION 5 - *Other unsealed criminal convictions in Nevada***

Indicate any/all unsealed criminal convictions you have received in Nevada that do not impact your civil rights. Attach a separate sheet if necessary.

Date/Year	Location	Conviction	Sentence

**SECTION 6 - *Other unsealed criminal convictions received in other jurisdictions***

Indicate any/all unsealed criminal convictions you have received in any jurisdiction outside of Nevada's jurisdiction. Attach a separate sheet if necessary.

Date/Year	Location	Conviction	Sentence

Applicant Name:

**SECTION 7 - Arrests in past 10 years that did not result in conviction**

Indicate **all** arrests in **any jurisdiction** in the last 10 years that **did not** result in conviction (use additional page if necessary):

Date/Year	Location
Arrest Charge	Explain circumstances
Date/Year	Location
Arrest Charge	Explain circumstances
Date/Year	Location
Arrest Charge	Explain circumstances
Date/Year	Location
Arrest Charge	Explain circumstances
Date/Year	Location
Arrest Charge	Explain circumstances
Date/Year	Location
Arrest Charge	Explain circumstances
Date/Year	Location
Arrest Charge	Explain circumstances

Applicant Name:
<b>SECTION 8 - General questions</b>
Have you ever appeared before the Nevada Pardons Board? (check one) ___Yes / ___No If YES, what was the date and action taken?
Have you been granted clemency in any other another jurisdiction? (check one) ___Yes / ___No If YES, please indicate the case, year of conviction and date of clemency.
Do you have an application for clemency pending or under review in another jurisdiction? (check one) ___Yes / ___No If YES, please explain:
Are there any legal proceedings now pending against you? (check one) ___Yes / ___No If YES, please explain:
Do you have now, or will there be in the future, any plans to appeal your conviction through the courts? (check one) ___Yes / ___No If YES, please explain:

I hereby state that the information I have provided in this application is true and correct:

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's printed name: \_\_\_\_\_

# 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).

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

\_\_\_\_\_  
Signature of applicant/person waiving rights

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

by \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

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

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

(Notary Seal)

**STATE OF NEVADA  
DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF PAROLE AND PROBATION**

**PARDONS/CLEMENCY QUESTIONNAIRE**

NAME:

An investigation has been ordered per your request for pardon/clemency. Complete the questionnaire in its entirety accurately and answer all questions. **You must personally complete this questionnaire in its entirety.** Please plan to meet/email interview/phone interview with the Division of Parole and Probation to review this questionnaire.

***Deliberate falsehoods or misrepresentation may seriously jeopardize your case.***

**Please submit copies of the following documents along with your completed questionnaire:**

- Driver's license/identification card
- Birth certificate
- Educational degrees
- Proof of residence
- Armed Forces DD 214 papers
- Proof of employment or disability
- Medical Marijuana Card, if applicable
- Vocational certificates
- Most recent income tax return
- Proof of mental health/substance abuse program attendance
- Copies of vehicle registration
- Copies of all Sealing of Records documents
- Copies of all documents pertaining to citizenship status, if applicable
- Copies of all documents pertaining to contracts of indebtedness
- Social Security card
- Copies of all documents pertaining to child support, if applicable
- Copies of all documents pertaining to community service, if applicable
- All documentation regarding the case for which you are requesting a pardons, to include judgment of conviction; probation/parole agreement and discharge; and previous pardon for reinstatement of civil rights (voting), if applicable

**Your application and required documents must be returned no later than:**

**Due:** \_\_\_\_\_

Return to:

DEPARTMENT OF PUBLIC SAFETY  
NEVADA PAROLE AND PROBATION  
ATTENTION: \_\_\_\_\_

Email: \_\_\_\_\_

1445 OLD HOT SPRINGS ROAD, SUITE 104  
CARSON CITY, NV 89706

Phone: (775) 684-2677 Fax: (775) 684-8134

***For Security Purposes, it is highly recommended that you send your documents registered mail, requiring a signature upon receipt.***

**I. Personal Information:**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

U. S. Citizen: \_\_\_\_\_ Citizen of What Country: \_\_\_\_\_

Alien Registration Number: \_\_\_\_\_ Temporary ( ) Permanent ( )

What is your primary language? \_\_\_\_\_ Other languages spoken: \_\_\_\_\_

Race: \_\_\_\_\_ Sex \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Aliases: \_\_\_\_\_ (Maiden Name)

\_\_\_\_\_ (Nick Name)

\_\_\_\_\_ (Other)

Religion: \_\_\_\_\_ Congregation: \_\_\_\_\_

Scars/Marks:(List Where and Describe) \_\_\_\_\_

Tattoos: (List Where and Describe) \_\_\_\_\_

Address: \_\_\_\_\_

Number Street City State Zip

Mailing Address: \_\_\_\_\_

Number Street City State Zip

Are you now or have you ever been homeless: No ( ) Yes ( ) If Yes Explain: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ (Home)

( ) \_\_\_\_\_ (Work)

( ) \_\_\_\_\_ (Cell)

( ) \_\_\_\_\_ (Message)

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Status: \_\_\_\_\_

Other ID Number: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Information of Vehicles you own or drive:

Make / Model Year Color License # and State

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Volunteer/community activities and length of time involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. Childhood and Family:**

List all family members (Including parents, stepparents, guardians, brothers and sisters, stepbrothers and sisters. Attach additional page if needed):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB/Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Relationship Status: Close Contact ( ) Moderate Contact ( ) No Contact ( ) Deceased ( )

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB/Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Relationship Status: Close Contact ( ) Moderate Contact ( ) No Contact ( ) Deceased ( )

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB/Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Relationship Status: Close Contact ( ) Moderate Contact ( ) No Contact ( ) Deceased ( )

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB/Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Relationship Status: Close Contact ( ) Moderate Contact ( ) No Contact ( ) Deceased ( )

Where did you grow up: \_\_\_\_\_

List all states and dates you have lived in since birth: \_\_\_\_\_  
\_\_\_\_\_

Did your parents live together: No ( ) Yes ( )

Was Child Protective Services ever involved with your family: No ( ) Yes ( ), if Yes Explain:

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your Childhood and your relationship with your family: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the worst thing that happened to you as a child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you abused physically, sexually, or neglected? No ( ) Yes ( ), if Yes Explain:

\_\_\_\_\_  
\_\_\_\_\_

**II. Childhood and Family: (continued)**

Marital / Long Term Relationship History:

Number of Marriages: \_\_\_\_\_ or Long Term Relationships: \_\_\_\_\_

*(Circle appropriate designee-spouse or S.O.)*

Spouse/ Significant Other: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Married Date: \_\_\_\_\_ Separation Date: \_\_\_\_\_ Divorce Date: \_\_\_\_\_

Reason for Divorce: \_\_\_\_\_

Common Law: Y / N

Spouse's Employer & Address: \_\_\_\_\_ Employment Phone: \_\_\_\_\_

**Previous Relationships / Spouses:**

Spouse/ Significant Other: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Married Date: \_\_\_\_\_ Separation Date: \_\_\_\_\_ Divorce Date: \_\_\_\_\_

Reason for Divorce: \_\_\_\_\_

Common Law: Y / N

Spouse/ Significant Other: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Married Date: \_\_\_\_\_ Separation Date: \_\_\_\_\_ Divorce Date: \_\_\_\_\_

Reason for Divorce: \_\_\_\_\_

Common Law: Y / N

Spouse/ Significant Other: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Married Date: \_\_\_\_\_ Separation Date: \_\_\_\_\_ Divorce Date: \_\_\_\_\_

Reason for Divorce: \_\_\_\_\_

Common Law: Y / N

**Children and Step-Children:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Who has legal Custody: \_\_\_\_\_ Other Bio Parent Name: \_\_\_\_\_

Have you been ordered to pay child support: No ( ) If Yes Amount / Month: \$ \_\_\_\_\_ State: \_\_\_\_\_

Are you current with your payments? Yes ( ) If No, Delinquent Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Who has legal Custody: \_\_\_\_\_ Other Bio Parent Name: \_\_\_\_\_

Have you been ordered to pay child support: No ( ) If Yes Amount / Month: \$ \_\_\_\_\_ State: \_\_\_\_\_

Are you current with your payments? Yes ( ) If No, Delinquent Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Who has legal Custody: \_\_\_\_\_ Other Bio Parent Name: \_\_\_\_\_

Have you been ordered to pay child support: No ( ) If Yes Amount / Month: \$ \_\_\_\_\_ State: \_\_\_\_\_

Are you current with your payments? Yes ( ) If No, Delinquent Amount: \$ \_\_\_\_\_



**II. Childhood and Family: (continued)**  
**Children and Step-Children:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Who has legal Custody: \_\_\_\_\_ Other Bio Parent Name: \_\_\_\_\_

Have you been ordered to pay child support: No ( ) If Yes Amount / Month: \$ \_\_\_\_\_ State: \_\_\_\_\_

Are you current with your payments? Yes ( ) If No, Delinquent Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Who has legal Custody: \_\_\_\_\_ Other Bio Parent Name: \_\_\_\_\_

Have you been ordered to pay child support: No ( ) If Yes Amount / Month: \$ \_\_\_\_\_ State: \_\_\_\_\_

Are you current with your payments? Yes ( ) If No, Delinquent Amount: \$ \_\_\_\_\_

Describe your relationship with your spouse and children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are any of your dependants or their guardians receiving welfare benefits? No ( ) Yes ( )

If Yes Where? \_\_\_\_\_

Who is living in your home now:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_

Residential Pattern:

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Are there any weapons in your home: No ( ) Yes ( ), if Yes explain (type, location, ownership):

\_\_\_\_\_

How and when did you become aware you were unable to legally possess firearms?: \_\_\_\_\_

\_\_\_\_\_

Have you ever participated in any hunting activities: No ( ) Yes ( )

If yes, what states: \_\_\_\_\_ In what years? \_\_\_\_\_

What weapons were used? \_\_\_\_\_ Where are those weapons now? \_\_\_\_\_

**III. Employment and Financial**

Are you Currently:    Employed ( )    Disability ( )    Disabled ( )    Retired ( )  
                                 Homemaker ( )    Unemployed ( ), if unemployed how long: \_\_\_\_\_

Are you affiliated with a trade union: No ( ) Yes ( ), if Yes identify: \_\_\_\_\_

Have you ever served an apprenticeship: No ( ) Yes ( ), if Yes where: \_\_\_\_\_

List all jobs you have had since your conviction. Begin with the most recent: (You may attach additional pages if necessary.)

Present/ Most Recent: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Salary: \_\_\_\_\_ Per Month    Date Hired: \_\_\_\_\_    Date Terminated: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Salary: \_\_\_\_\_ Per Month    Date Hired: \_\_\_\_\_    Date Terminated: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Salary: \_\_\_\_\_ Per Month    Date Hired: \_\_\_\_\_    Date Terminated: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Salary: \_\_\_\_\_ Per Month    Date Hired: \_\_\_\_\_    Date Terminated: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Have you ever been fired: No ( ) Yes ( ), if Yes explain: \_\_\_\_\_

How many times: \_\_\_\_\_

What is the longest period of time you've held a job: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Do you have any other means of financial support: No ( ) Yes ( ), if Yes explain Who, What and Amount per Month (**i.e. Spouse, SSI, Food Stamps, Welfare, Worker Comp, Unemployment, Disability, VA, Retirement, or Other**):

\_\_\_\_\_  
\_\_\_\_\_

**III. Employment and Financial: (continued)**

**What are your total assets:**

Home (current market value) \$ \_\_\_\_\_  
Second home/other real property \$ \_\_\_\_\_  
401k/Retirement/Pension \$ \_\_\_\_\_  
Bank Accounts \$ \_\_\_\_\_  
Stocks/Bonds \$ \_\_\_\_\_  
Vehicle(s) \$ \_\_\_\_\_  
Personal Property \$ \_\_\_\_\_  
Jewelry \$ \_\_\_\_\_  
Tools \$ \_\_\_\_\_

Please list any additional assets: \_\_\_\_\_  
\_\_\_\_\_

**Monthly Expenses:**

		Outstanding Balance, if applicable
Rent/Mortgage(s)	\$ _____	\$ _____
Home Owner's Assoc Dues	\$ _____	\$ _____
Taxes/Insurance	\$ _____	\$ _____
Vehicle Payment	\$ _____	\$ _____
Vehicle Insurance	\$ _____	\$ _____
Telephone (Residential/Cellular)	\$ _____	\$ _____
Utility Payments	\$ _____	\$ _____
Credit Cards Payment(s)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing/Shoes	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Loans-Specify: _____	\$ _____	\$ _____

Please list any additional monthly payments: \_\_\_\_\_  
\_\_\_\_\_

**IV. Education:**

Highest grade completed: \_\_\_\_\_ Name of school: \_\_\_\_\_

Do you have a high school diploma: No ( ) Yes ( ) Date: \_\_\_\_\_

Do you have your GED: No ( ) Yes ( ) Years of College: \_\_\_\_\_ Degrees: \_\_\_\_\_

College attended and what years did you attend: \_\_\_\_\_

Field of study: \_\_\_\_\_

Vocational training: \_\_\_\_\_

Additional training: \_\_\_\_\_

Professional licenses or certificates: \_\_\_\_\_

**V. Military Service**

If no military service, did you register with the Selective Service / draft: No ( ) Yes ( )

Military Service Branch: \_\_\_\_\_ Country: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Military Duties / Training: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Awards/ Medals: \_\_\_\_\_

Did you incur any formal disciplinary actions: No ( ) Yes ( ), if Yes Explain: \_\_\_\_\_

**VI. Physical Health:**

How would you rate your health: Good Fair Poor

Do you have any present or past serious, chronic diseases or illnesses, or any disabling medical problems, Explain: \_\_\_\_\_

Are you receiving any medical treatment now: No ( ) Yes ( ), if Yes for what: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

List all medications you are taking: \_\_\_\_\_

Do you possess a medical marijuana card: No ( ) Yes ( ), if Yes, which state: \_\_\_\_\_

Card/ID Number \_\_\_\_\_ Expiration date: \_\_\_\_\_

**VII. Mental Health:**

Have you ever participated in Mental Health Counseling: No ( ) Yes ( )

When and Where: \_\_\_\_\_

What have you been diagnosed with: \_\_\_\_\_

Have you been diagnosed with a co-occurring disorder: \_\_\_\_\_

Are you receiving any treatment now, name of Therapist, Dr., or Psychologist: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

List all medications are you taking: \_\_\_\_\_

Have you ever thought seriously about hurting or killing yourself:

Never Seriously Had definite thoughts of suicide Attempted suicide

If yes, when, how, why? \_\_\_\_\_

**VIII. Substance Abuse**

Substance	Age First Used	Casual Use	Regular Use	Addicted	Arrested For	Last Date Used	Sold
Alcohol							
Marijuana							
Cocaine / Crack							
PCP							
Meth / Crank							
LSD / Acid							
Ecstasy							
Heroin							
Mushrooms							
Abuse of Prescription Pills							
Inhalants							
Other (List)							

How much do you spend on drugs: Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_

Have you ever committed an offense to support your habit: No ( ) Yes ( ), if Yes explain:

\_\_\_\_\_

Have you ever been in treatment: No ( ) Yes ( ), if Yes explain: (When, Where, For What Substance) \_\_\_\_\_

Do you believe alcohol is a problem for you: No ( ) Yes ( )

Do you believe drugs are a problem for you: No ( ) Yes ( )

What are you doing to address these issues now: \_\_\_\_\_

\_\_\_\_\_

Were you under the influence when you committed the offense for which you are seeking a pardon/clemency: No ( ) Yes ( ) If Yes Explain: \_\_\_\_\_

\_\_\_\_\_

Do you think gambling, to include lotteries, is a problem for you: No ( ) Yes ( )

How much do you spend weekly: \$\_\_\_\_\_

**VIII. Substance Abuse Issues: (continued)**

Have you ever been arrested for a gaming violation: No ( ) Yes ( ), if Yes explain: \_\_\_\_\_

Have you ever been in treatment for gambling: No ( ) Yes ( ), if Yes explain: \_\_\_\_\_

**IX. Adult Criminal History:**

1. Date: \_\_\_\_\_ City, State, Agency: \_\_\_\_\_  
Offense: \_\_\_\_\_ Conviction: \_\_\_\_\_  
Disposition: \_\_\_\_\_

2. Date: \_\_\_\_\_ City, State, Agency: \_\_\_\_\_  
Offense: \_\_\_\_\_ Conviction: \_\_\_\_\_  
Disposition: \_\_\_\_\_

3. Date: \_\_\_\_\_ City, State, Agency: \_\_\_\_\_  
Offense: \_\_\_\_\_ Conviction: \_\_\_\_\_  
Disposition: \_\_\_\_\_

4. Date: \_\_\_\_\_ City, State, Agency: \_\_\_\_\_  
Offense: \_\_\_\_\_ Conviction: \_\_\_\_\_  
Disposition: \_\_\_\_\_

Have you sealed any of your records: Yes ( ) No ( ) If yes, attach all related documents.

Have you ever been on Adult Probation: Yes ( ) No ( )

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of last supervision officer: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Did you have any violations while on probation: No ( ) Yes ( ), if Yes explain:

\_\_\_\_\_

Have you ever been on Adult Parole: Yes ( ) No ( )

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of last supervision officer: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Did you have any violations while on probation: No ( ) Yes ( ), if Yes explain:

\_\_\_\_\_

Have you ever been incarcerated in Prison: No ( ) Yes ( )

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

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

Did you incur any major disciplinary incidents while in prison: No ( ) Yes ( ) if Yes Explain:

\_\_\_\_\_

**IX. Adult Criminal History: (continued)**

Were you assigned to any special housing units while in prison: If Yes Explain: \_\_\_\_\_

What programs did you participate in while in prison: \_\_\_\_\_

Have you ever walked away or escaped from a work release program, jail, electronic supervision, or an institution: No ( ) Yes ( ) If Yes Explain: \_\_\_\_\_

Have you ever Eluded a Police Officer: No ( ) Yes ( ), if Yes explain: \_\_\_\_\_

Have any members of your immediate family ever been in Prison or on Probation: No ( ) Yes ( )  
If Yes Explain: (Please include Who, When, Where and for What Crime) \_\_\_\_\_

Are you in a gang, or do you socialize with gang members: No ( ) Yes ( ), if Yes, what is the gang name and your moniker: \_\_\_\_\_

Are you a registered sex offender: No ( ) Yes ( ) If yes, which county/state: \_\_\_\_\_

Have you ever had a Restraining Order requested and/or granted against you: No ( ) Yes ( ), if Yes, when and in which court was the order filed \_\_\_\_\_  
Explain the circumstances resulting in the order being issued: \_\_\_\_\_

**X. Offense For Which Requesting Pardon/Clemency:**

How were you released from custody: \_\_\_\_\_ What facility: \_\_\_\_\_

Dates: \_\_\_\_\_ Credit for time served: \_\_\_\_\_

Include dates, times, locations, and damages in your estimate/opinion.

Briefly Describe the offense you committed: \_\_\_\_\_

Why did you commit this crime: \_\_\_\_\_

**X. Offense For Which Requesting Pardon/Clemency: (continued)**

What damages or losses did the victim suffer, if applicable: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In your opinion, how do you believe this crime affected the victim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did this crime affect you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Benefit of pardon/clemency or relief being sought: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you obtain letters of support, please attach them to this questionnaire.





