

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

**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: _____		Have you declared bankruptcy in the past 10 years? If so, please provide the name of the court and the year it was discharged:	
<i><b>If Represented by Counsel</b></i>			
Attorney Name:		Email:	
Telephone #:			
Mailing Address:	City:	ST:	ZIP:
<i><b>Current Employment</b></i>			
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:
<b>SECTION 4 - Criminal Cases to be considered for a Pardon</b>
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:

**SECTION 8 - *General questions***

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)