

BOARD OF PARDONS
Application for Commutation of Sentence - Page 1 of 2

Name: _____ **Location:** _____ **NDOC #** _____

This application is designed for inmates currently serving a sentence imposed by a Nevada Court. **Applications that are not complete may be rejected.** After completing the application, return it to your caseworker or to the Warden of the institution where you are housed. Wardens will forward the application to Offender Management. **Applications must be received by the Warden by 5:00 P.M. on September 18, 2024.** Inmates housed outside of the NDOC must submit their application no later than 5:00 P.M. September 25, 2024, to Offender Management at: PO Box 7011, Carson City, NV 89702 or 5500 Snyder Ave, Building 17, Carson City, NV 89701.

NOTE: Submit only ONE application.

Please indicate your answer by checking the YES or NO box after each question YES NO

	YES	NO
Have you been housed in disciplinary segregation for any period of time within the past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been found guilty of a major disciplinary infraction within the past 24 months or do you have a major disciplinary charge pending?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been found guilty of three or more minor/general disciplinary infractions within the past 18 months?	<input type="checkbox"/>	<input type="checkbox"/>
Are you eligible for release on parole <u>to the community</u> prior to December of 2025?	<input type="checkbox"/>	<input type="checkbox"/>
Were you revoked on your current sentence or are you serving a single sentence that you received while you were on parole?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been denied release on parole <u>to the community</u> on your current sentence?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any unresolved criminal charges?	<input type="checkbox"/>	<input type="checkbox"/>
Is your case under appeal in a Nevada or Federal Court, or do you have plans to appeal your case in the future?	<input type="checkbox"/>	<input type="checkbox"/>
Was a victim injured during the commission of the crime?	<input type="checkbox"/>	<input type="checkbox"/>
Are you projected to discharge from prison before December of 2025?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any consecutive sentences still to be served?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently validated by the NDOC as a member of a street or prison-based gang?	<input type="checkbox"/>	<input type="checkbox"/>
Were there any co-defendants in this case? If so, please provide their names:	<input type="checkbox"/>	<input type="checkbox"/>

If you are serving a sentence of Death or Life Without, please answer the following:

What year did you commit the offense that resulted in the sentence of Death or Life Without?	
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Name:		NDOC #:	
Court that rendered judgment (i.e., 8 th JD, 2 nd JD etc):			
Current NDOC facility:			
Current age:		Age when brought to prison on this charge:	
US Citizen: Yes / No		Sex: Male / Female	
What is your projected sentence expiration date?			
Please provide the conviction(s), the punishment imposed and your current sentence structure (please use additional sheet of paper if necessary):			
Please list any prior felony convictions in this or any other state or jurisdiction:			
Please indicate the action you wish to be taken on your case by the Pardons Board:			
Please indicate why your request should be considered by the Pardons Board (please use an additional sheet of paper if necessary)?			
FOR OFFICE USE ONLY			
STAFF COMMENTS:			