

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

STATE OF NEVADA



BOARD OF PARDONS

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STEVE SISOLAK
GOVERNOR, CHAIRMAN
AARON D. FORD
ATTORNEY GENERAL, MEMBER
MARK GIBBONS
CHIEF JUSTICE, MEMBER
KRISTINA PICKERING
JUSTICE, MEMBER
JAMES W. HARDESTY
JUSTICE, MEMBER
RONALD D. PARRAGUIRRE
JUSTICE, MEMBER
LIDIAS. STIGLICH
JUSTICE, MEMBER
ELISSA F. CADISH
JUSTICE, MEMBER
ABBI SILVER
JUSTICE, MEMBER

August 19, 2019

To: Pardons Board Members
From: Denise Davis, Executive Secretary
Subject: Commutation Applications and Deadlines

The Pardons Board has set March 4, 2020 as the date for hearings. This memo provides the time line and deadlines for the March Pardons Board meeting. Copies of the commutation application are being distributed this week to NDOC inmates and other interested persons.

Meeting Deadlines:

Deadline for submission of inmate applications to NDOC Director:	5:00 PM on October 28, 2019
Requested deadline for member placement of <u>inmate</u> & <u>community</u> cases on agenda:	November 18, 2019
Deadline for P&P and NDOC reports to Executive Secretary:	December 16, 2019
Deadline for submission of materials to ensure inclusion in packets to Board Members:	January 2, 2020
Date packets provided to members:	February 3, 2020
Meeting Date:	March 4, 2020

With the setting of the spring meeting, it is likely that Pardons Board members will soon begin to receive direct requests for placement on the agenda. If any member has a particular interest in a case and would like more information on the individual, please contact me via telephone at 775-687-6568 or via email to dedavis@parole.nv.gov I will get the requested material to you as soon as possible.

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 the Director of Corrections. **Applications must be received by the Warden by 5:00 P.M. on October 28, 2019.** Inmates housed outside of the NDOC must submit their application no later than 5:00 P.M. November 4, 2019 to the NDOC Director 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?		
Have you been found guilty of a major disciplinary infraction within the past 24 months or do you have a major disciplinary charge pending?		
Have you been found guilty of three or more minor/general disciplinary infractions within the past 18 months?		
Are you eligible for release on parole to the community prior to December 31, 2020?		
Were you revoked on your current sentence <u>or</u> are you serving a single sentence that you received while you were on parole?		
Have you been denied release on parole to the community on your current sentence?		
Do you have any unresolved criminal charges?		
Is your case under appeal in a Nevada or Federal Court, <u>or</u> do you have plans to appeal your case in the future?		
Was a victim injured during the commission of the crime?		
Are you projected to discharge from prison before December 31, 2020?		
Do you have any consecutive sentences still to be served?		
Are you currently validated by the NDOC as a member of a street or prison-based gang?		
Were there any co-defendants in this case? If so, please provide their names:		

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?

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

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:			

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JUSTICE, MEMB

Criteria for the Evaluation of Inmate Applications for Clemency

Disqualifying Institutional Conduct:

- 1) Having been housed in disciplinary segregation for any period of time within the past 36 months.
- 2) Any guilty finding of a major disciplinary infraction within the past 24 months or a pending major disciplinary.
- 3) Three or more minor/general disciplinary infractions within the past 18 months.

Disqualifying Parole Status:

- 1) Inmates who are eligible for release on parole to the community within 6 months.
- 2) Inmates who are serving a period of parole revocation or a single sentence imposed while on parole.
- 3) Inmates who have been denied release on parole to the community on the current sentence.

Pending Criminal Charges, Investigations or Appeals:

- 1) Inmates with unresolved criminal charges will not be considered.
- 2) Cases that are under appeal in Nevada or Federal Court will generally not be considered.
- 3) Judicial remedies must be exhausted prior to being eligible for clemency review.
- 4) Inmates who are currently under investigation by the NDOC Inspector General or Attorney General's office will not be considered.

Criteria for Inmate Clemency Applications

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Time and Sentence Disqualifications:

- 1) An inmate with a sentence that is projected to discharge to the community within 12 months will not generally be considered.
- 2) Inmates who have served a prior prison sentence for a felony conviction and whose current maximum sentence or combined consecutive maximum sentences are 20 years or less will not be considered.
- 3) Applications from inmates sentenced to death or life without the possibility of parole for an offense committed between November 2, 1982 and July 1, 1995 will not be considered for a commutation of sentence that allows parole eligibility until 20 calendar years have passed.
- 4) Applications from inmates sentenced to death or life without the possibility of parole for an offense committed after July 1, 1995 will not be considered for a commutation of sentence that allows for parole.

Exceptions:

Extraordinary circumstances or case factors may exist that mitigate disqualifying criteria. Circumstances may include an act of heroism or a catastrophic event. Mitigating case factors may include the age of the offender at the time the offense was committed in conjunction with little or no prior criminal history.

In order to consider applicants who claim exemptions because of extraordinary circumstances, the applicant must clearly demonstrate why such consideration should be given. Since most inmate families endure hardships while a person is incarcerated, family hardship is not considered an extraordinary circumstance.

Further consideration for offenses not categorized as the most serious:

Each application will be considered on its own merit. Inmates meeting the published minimum criteria will be subject to further review and may also be disqualified for one or more of the following reasons:

- 1) The nature and severity of the crime or factors involved.
- 2) Prior criminal history.
- 3) Overall institutional adjustment.
- 4) The result of institutional evaluations (psychological reports, sexual psych panel reports and/or parole or other risk assessments).

Criteria for Inmate Clemency Applications
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Qualifying Criteria:

In order to be considered, an inmate must meet the published minimum criteria and demonstrate by clear and convincing evidence at least one of the following:

The applicant has within his or her capacity, made exceptional strides in self-development and self-improvement. The inmate has made responsible use of available rehabilitative programs to address treatment needs;

The applicant is suffering from a critical illness or has a severe and chronic disability, which would be mitigated by release from prison;

The applicant's further incarceration would constitute gross unfairness because of basic inequities involved, including:

- The severity of the sentence received in relation to the sentences received by co-defendants or in relation to other offenders serving sentences for crimes with similar characteristics;
- The extent of the applicant's participation in the offense;
- A history of abuse suffered by the applicant at the hands of the victim that significantly contributed to or brought about the offense.

Evaluation of certain cases meeting the minimum criteria:

The following is provided to assist in evaluating applications on inmates who are serving sentences for the most serious of crimes. Cases which have more mitigating case factors will be given more weight toward consideration than those with aggravating influences. **The mitigating factors listed in this document are not intended to lessen or diminish the gravity of the offense.**

Murder convictions:

Aggravating influences include:

A substantial degree of premeditation to commit the murder.

- Any evidence of torture or sexual connotations.
- The method in which the person was murdered required concentrated effort (ie, strangulation, stabbing or beating to death as opposed to a single gunshot).
- Mutilation of the victim's body.
- Luring the victim or murder by execution.
- Hiding the body.
- Child or disabled victim.
- Prior history of violence or institutional violence.

Criteria for Inmate Clemency Applications

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Mitigating influences include:

- Having been a co-offender during the murder and not having been the person who actually inflicted the wound(s).
- The murder occurred incidentally during the commission of another crime with little or no premeditation to kill.
- The murder occurred while the offender was in a heightened emotional state, or was influenced by abuse inflicted by the victim.
- The offender was young when the murder was committed.

Sex offenses:

Aggravating influences:

- The offender has prior arrests or convictions for sex related offenses.
- The victim was tied up or forcibly taken to another location.
- The victim was a child, elderly, or physically or mentally disabled.
- There were multiple victims.
- The duration of the offense lasted more than three hours or was repeated multiple times.
- The offense was planned or premeditated.
- The use of weapons or objects.
- The offender forcibly assaulted the victim, or threatened the use of force or other violence to coerce compliance.

Mitigating influences:

- The offense occurred with an adult victim, was situational, not premeditated and occurred only one time and the offender has no prior instances of sexual deviance or violence.
- The activity appeared to be consensual in nature and the offender has no prior arrests or convictions that are sexual or violent in nature (ie, lewdness with a minor and the minor is sexually active and the offender is not significantly older than the victim or the offender operates in a diminished capacity).

Criteria for Inmate Clemency Applications

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Inquiries and Correspondence:

The Executive Secretary and staff for the Pardons Board can be reached at (775) 687-6568
Correspondence should be addressed to:

Executive Secretary of the Pardons Board
Attention: Denise Davis
1677 Old Hot Springs Road, Suite A Carson
City, NV 89706

**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): <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
Social Security #:		Married or Single:	
Country of Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> 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>If Represented by Counsel</i>			
Attorney Name:		Email:	
Telephone #:			
Mailing Address:		City:	ST: ZIP:
<i>Current Employment</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: _____

SECTION 4 - Criminal Cases to be considered for a Pardon
Note: Only felony convictions and misdemeanor domestic battery convictions received in Nevada may be considered¹. 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? <input type="checkbox"/> Yes / <input type="checkbox"/> 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? <input type="checkbox"/> Yes / <input type="checkbox"/> 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? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Parole _____ Prison _____	

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

¹ 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) <input type="checkbox"/> Yes / <input type="checkbox"/> No If YES, what was the date and action taken?
Have you been granted clemency in any other another jurisdiction? (check one) <input type="checkbox"/> Yes / <input type="checkbox"/> 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) <input type="checkbox"/> Yes / <input type="checkbox"/> No If YES, please explain:
Are there any legal proceedings now pending against you? (check one) <input type="checkbox"/> Yes / <input type="checkbox"/> 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) <input type="checkbox"/> Yes / <input type="checkbox"/> 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)