Instructions

An application for pardon does not guarantee that a pardon will be granted. An applicant for Pardon should understand that the process is lengthy.

The Parole Board must review all applications. After the Parole Board reviews your application and makes its recommendation, you will be notified. Please, do not call the Parole Board concerning results. However, you must notify the Parole Board in the event of an address change.

The Governor relies on the recommendation of the Parole Board and will not review any application that has not been first reviewed by the Parole Board. <u>The Governor does not review files taken out of order.</u> There is no appeal process for Pardons. If the Governor denies the application, that decision is final.

Follow all instructions and answer all questions truthfully.

Incorrect information will be grounds for return of your application.

NEW APPLICANTS

If you have never filed a Pardon Application before, attach these certified documents to the application:

- 1. Judgment and Commitment Order (get from the Circuit Clerks Office if Felony Charge –or– from the District Clerk's office if misdemeanor)
- 2. Felony Information and/or probable cause affidavit from clerk
- 3. Narrative incident report from arresting agency (City Police, Sheriff or State Police)
- 4. If record is sealed, include Order to Seal (get from court clerk)

OLD APPLICANTS

Because you have previously filed for a Pardon, all necessary paperwork is still in your file at the Parole Board. Fill out the application, have it notarized and return it to the Parole Board at the address below. DO NOT resubmit attachments sent before (# 1 - 4 above). Only submit NEW information to support your file.

If you have convictions NOT previously requested, you must furnish the following:

- 1. Judgment and commitment order
- 2. Information sheet or probable cause affidavit
- 3. Narrative incident report from arresting agency (City Police, Sheriff or State Police)

Return <u>all</u> applications to:

DCC Institutional Release Services (IRS)
Pardon Department
2801 S. Olive St., Suite 6-D
Pine Bluff, AR 71603

^{*} If your address or contact information changes for any reason during the application process, please update your information by contacting 870-543-1033.

Pardon Application

Institutional Release Services--Pardon Department 2801 S. Olive St., Suite 6-D Pine Bluff, AR. 71603 870-543-1033 // 870-879-6725 fax

Name	Date of Birth			
Address	RaceSex			
City	PID#			
StateZip	SS#			
Phone				
I am requesting	the following (Check Only One)			
involved				
Checklist for Applican	nt's Use			
Please make sure all information listed l	below is attached to application			
First time applicant Date of previous applica				
2Entirely completed, sign				
3Judgment Orders for each conviction to be considered				
4Letters of recommend	ation: (include current address and daytime phone #'s)			
i. Familyii. Friendsiii. Minister (if application)iv. Present or former				
v. Other reputable p	persons in the community who may desire to testify to the and good behavior of the applicant.			
6Letter of Personal Plea				
**************************************	, v v v v v v v v v v v v v v v v v v v			

1.	1. Give full name under which you were convicted and any alias names you may have used:				
_					
				CH YOU WISH TO BE consictions to be cons	
	fill out compleach crime lis	-	gment OR (Commitment Orders	(or docket sheets) for
	Crime	County of conviction	Date	Court Docket #	Sentence
4. 5. 6. If 3	Are you on p Was any rest Have all fine you still owe r	robation or suspende itution ordered in any s, fees, court costs an estitution, cost(s) and	d sentence? y of the convid restitution d/or fine(s) f		_ No f Yes—attach receipts lease list the persons or
	If yes answer a. Did y b. If y c. Wa d. Age e. Wa f. Wa	s the victim injured? e of the Victim s the victim law enfo s there more than one	ions; tionship? rcement or j	public official?	
8.				ted above? Yess and what, if any, sen	

	he facts of the crime separate sheet if nec		lain what happened	I in each case.
	eason why you think eparate sheet if nece		r should grant to yo	ou the relief requested.
· 				
volunteer wo	•	tion, speaking		Community programs, ntoring to others, etc.
(If your answer	r is yes, answer the f	following ques	stions)	by law? Yes No
	ır registration been k			
>. If no, explain why not				
You must subm	it your most recent	t risk assessm	ent with this appl	ication.
	crimes not listed be	,		affic violations, ED FOR PARDON
Crime	County of	Date	Court Docket #	Sentence
Cillie	conviction	Date	Court Docket #	Sentence
	Conviction			

DUCATIONAL B	Address	Dates of Attendanc	e Highest grade completed & Degrees
DUCATIONAL B			
	ACKGROUND		
5. What type of di	scharge did you receive	e? Honorable Di Medical O	
		orces? YesNo_	
Name	AGE	Addr	ess
	How many?		
	ges: list the following in Date of Marriage	information; Date marriage ended	Reason (divorce/death, etc.)
Full name of spous When were you ma	e rried		
Single Marrie	d Separated	Divorced Wi	idowed

	mpioyei		
	e you hired		
Give a brie	ef description	on of your job duties:	
2. If you a	are currently	unemployed, but on disability,	please explain how you became disabled
		have held, list the following info	
Date From	To	Employer	Address & Current Phone
*****	*****	*******	********
By signir informati hereby w extent all I underst IMMEDIA	ng and sultion provid vaive any s lowable by and that i	bmitting this application, I hed is true and accurate to the state or federal privacy proty law; ncorrect information provid	******************************* ereby swear and affirm that the ne best of my knowledge and I ections or other privileges to the ed by me will be grounds for
By signir informati hereby w extent all I underst	ng and sultion provid vaive any s lowable by and that i	bmitting this application, I hed is true and accurate to the state or federal privacy proty law; ncorrect information provid	ne best of my knowledge and I ections or other privileges to the
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By signir informati hereby w extent all I underst IMMEDIA	ng and sulton providuative any solution by and that in a sum of the sum of th	bmitting this application, I hed is true and accurate to the state or federal privacy proty law; ncorrect information provid	ereby swear and affirm that the ne best of my knowledge and I ections or other privileges to the

Certificate to Obtain Information

Ask the Clerk of the Court to fill out this form if he/she is not able to provide you with all the required documents.

I,	Circuit Clerk or District Clerk of	County
Have been approached by	(applicant's name	e) in an attempt to
obtain a certified copy of his or	her commitment orders for the purpose of applyi	ing for a
Governor's Pardon. After a goo	od faith effort, a copy of these records cannot be	furnished for the
following reason:		
Case too old, docu	uments have been destroyed	
A copy has been d	liligently searched for and cannot be found	
Court House burne	ed and record was destroyed (year)	
*********	**************************************	
	Com	nty Seal

This page is required, in addition to the application, if applying for RESTORATION OF FIREARMS ONLY (Option 3 on Page 1) This page is NOT required if applying for a pardon.

Recommendation of Chief Law Enforcer	ment Officer in County of Residence
I,	, hereby recommend
(applicant)	_ for the restoration of his/her right to own or
possess firearms and certify that he/she is of good s	standing and is deserving of this restoration of
firearm rights. In Accordance with Arkansas Code	Annotated § 5-73-103, I confirm that the crime
occurred more than eight (8) years ago and no wear	pon was involved in the commission of the
crime. This person currently resides at	which is
within my jurisdiction and has lived within my juris	sdiction since
Sheriff	
County of	
Subscribed and sworn to me thisday or	of
My commission expires:	Notary Public