INSTRUCTIONS

An application for clemency does not guarantee that the request will be granted.

The Parole Board must review all applications and make a recommendation to the Governor. Please do not call the Parole Board concerning the results; you will be notified by mail.

The Governor does not review files taken out of order. There is no appeal process for Clemency. If the Governor denies the application, that decision is final.

Follow all instructions and answer all questions truthfully.

INCORRECT or INCOMPLETE information will be grounds for return of your application.

PLEASE COMPLETE THE APPLICATION IN BLUE OR BLACK INK OR TYPE.

IF INCARCERATED GIVE YOUR COMPLETED APPLICATION TO YOUR UNIT IRO.

NEW APPLICANTS
If you have never filed a Clemency 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)

REPEAT APPLICANTS
Because you have previously filed for a Clemency, 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 all applications to:
DCC Institutional Release Services (IRS)
Clemency 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 870-543-1035.
A Full Pardon Restores the Following Civil Rights:

1. Right to hold public office.
2. Right to serve on a jury.
3. Licensing privileges for certain types of employment (however, you must check with the appropriate licensing authority to determine if a full pardon is necessary to be licensed). If available, please provide written documentation from that authority advising that you will not be considered for a license without receiving a full pardon. Please provide the licensing authority, phone number and name of the person you contacted.
4. Right to serve as Executor or Administrator of an estate.

A FULL PARDON RESTORES VOTING RIGHTS. Please note, a felon’s voting rights are automatically restored when one fully discharges the felony sentence, including any term of incarceration, parole, or supervision, or completed a period of probation ordered by any court.

A FULL PARDON DOES NOT NECESSARILY RESTORE THE RIGHT TO BEAR ARMS You must check the option pardon with firearm rights restored, option 1.

A FULL PARDON DOES NOT restore the right of the applicant to drive and operate a motor vehicle upon public highways.

A Request for Firearm Rights Only (Option 4): In this request you must include ALL your convictions. Failure to list ALL your convictions will result in you being denied the right to purchase a firearm, and being around a firearm, even if the Governor grants your request.
Clemency Application
Institutional Release Services—Clemency Department
2801 S. Olive St., Suite 6-D
Pine Bluff, AR. 71603
870-543-1035 / 870-879-6725 fax

Name _______________________________ Date of Birth_______________________
Address______________________________ Race ______________Sex_____________
City_________________________________ ADC# ____________PID#____________
State ___________ Zip_______________ SS#_______________________________
Phone________________________    Cell_______________________

I am requesting the following (Check Only One Option)

Option 1: _____Pardon (with firearm rights restored)
Option 2: _____Pardon (without firearm rights restored)
Option 3: _____Commutation (you must select at least ONE reason from options a – d)
   Reason for requesting a commutation (time cut)
   a. _____I wish to correct an injustice which may have occurred during the trial. I
      have attached letters or other documentation that will support this claim. (If you
      wish to attach explanations or statements to this application, it will be considered
      as a part of the application.)
      You must state specifically what that injustice was:

   b. _____I have a life-threatening medical condition which does NOT qualify for
      Act 290 “Medical Release”. Or, I’m serving Life or Life without parole.) I
      have attached a statement explaining my condition. (You must provide a
      medical information release for the Board to view your medical records.)
   c. _____I want to adjust what may be considered an excessive sentence.
   d. _____My institutional adjustment has been exemplary and the ends of justice
      have been achieved.

Option 4: _____Restoration of Firearm Only* -- crime must be 8 years old and no weapons
   involved and page 13 filled out by Sheriff in county where you currently
   reside and notarized.
Option 5: _____Remission of Fines
Checklist for Applicant’s Use

Please make sure all required information listed below is attached to application.

1. _______First time applicant _____Yes _____No_______
   Date of previous application ______________________
2. _______Entirely completed, signed, dated and notarized application
3. _______Judgment Orders for each conviction to be considered
4. _______Letters of recommendation: (include current address and daytime phone #’s)
   IF APPLYING FOR A PARDON OR FIREARM RIGHTS ONLY, YOU MUST HAVE AT LEAST THREE LETTERS OF RECOMMENDATION.
   i. Family
   ii. Friends
   iii. Minister (if applicable)
   iv. Present or former employers
   v. Other reputable persons in the community who may desire to testify to the moral character and good behavior of the applicant.
5. _______Letter of Personal Plea

***************************************************************************
1. Give full name under which you were convicted and any alias names you may have used:

___________________________________________________________________________

____________________________________________________________________________

2. You must list below, ALL CRIMES FOR WHICH YOU WISH TO RECEIVE CLEMENCY!
(Attach separate sheet if necessary to include all convictions to be considered)
(Fill out completely and attach Judgment OR Commitment Orders (or docket sheets) for each crime listed)

<table>
<thead>
<tr>
<th>Crime</th>
<th>Court Docket #</th>
<th>Sentence</th>
<th>Discharged Y/N</th>
<th>Sealed Y/N</th>
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3. Were there victims in your crimes? Yes ____ No ____ If so, how many ____
If yes, answer the following questions:
Did you know the victim? Yes ____ No ____
Was the victim: Person _____ Business _____ Animal _____
   a. If a person what was the relationship? __________________
   b. Was the victim injured? _____________________
   c. Age of the victim? __________
   d. Was the victim a law enforcement or public official? Yes ____ No ______
   e. Was there more than one victim? Yes ____ No ______

4. Were other persons charged in the crimes listed above? Yes ____ No _____
If yes, list the names of your accomplices and what, if any, sentence they received.

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<th>Name</th>
<th>Sentence</th>
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5. List all other crimes **NOT listed in question 2**, even out of state crimes, traffic violations, misdemeanors, etc. that you **DO NOT WISH TO BE CONSIDERED A PART OF THIS APPLICATION.**

(All crimes you have been convicted of **MUST be listed in question 2 if you DO want them considered for clemency or questions 5 if you DO NOT want them considered for clemency)

<table>
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<tr>
<th>Crime</th>
<th>County of conviction</th>
<th>Court Docket #</th>
<th>Sentence</th>
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6. Have you completely discharged from your sentence? **YES**________**NO**_________

7. Do you have any pending criminal charges? **YES**_______**NO**_________

8. Are you currently on probation, parole, or suspended sentence?_____________________

9. Was any restitution ordered in any of the convictions (**FOR PARDONS AND FIREARM RESTORATION ONLY**)? **Yes**_______ **No**_______ If yes attach receipts

10. Have all fines, fees, court costs and restitution been paid in full (**FOR PARDONS AND FIREARM RESTORATION ONLY**)?
    **Yes**_______ **No**_______ If yes—attach receipts. **NA**_______

    If you still owe restitution, cost(s) and/or fine(s) for any convictions, please list the persons or entity to which the debt is owed, and the outstanding amount still owed.

_____________________________________________________________________________
_____________________________________________________________________________

11. Do you have Federal Convictions **Yes**___**No**______
    If Yes, please list

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<th>Crime</th>
<th>County of conviction</th>
<th>Date</th>
<th>Court Docket #</th>
<th>Sentence</th>
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12. Were there victims in your **FEDERAL** crimes? **YES**_______**NO**_________

13. If so, how many? ______
    If yes answer the following questions;
    Was there a victim in your crime (check all that apply):
    Business____ Person____ Animal____
a. Did you know the victim? YES _______ NO _______

f. If yes, what was the relationship? ______________________________________

g. Was the victim injured? YES _______ NO _______

h. Age of the Victim __________________________________________________

i. Was the victim law enforcement or public official? ______________________

j. Was there more than one (1) victim? YES_____NO_______

14. Were other persons charged in the **FEDERAL** crimes listed above?  Yes ______No_______

   If yes, list the names of your accomplices and what, if any, sentences they received.

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

15. Concerning the facts of the crimes, briefly explain what happened in each case.
   (Attach a separate sheet if necessary)

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

16. Did you seek the following type of relief (**For Commutation Applicants Only**) (Date filed on the appropriate response) YES/NO:

   Date: _____________________

   a. Expungement ______

   b. Habeas Corpus ______

   c. Appeals_______

   d. Post Conviction Relief_______

17. Explain the reason why you think the Governor should grant you the relief requested.
   (Attach a separate sheet if necessary)

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________
18. Describe what you have done to demonstrate your rehabilitation - Community programs, volunteer work, furthering education, speaking engagements, mentoring to others, etc. (Attach a separate sheet if necessary)

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

19. Have you had disciplinaries while in prison? (explain) Yes____ No____ N/A____

20. Are you a SEX OFFENDER? Yes____ No____
   (If your answer is yes, answer the following questions)
   >  What level ______
   >  Has your registration been kept current since its requirement? ____________________
   >  If no, explain why not ____________________________________________________

   If you’ve been accessed, you must submit your most recent risk assessment with this application.

PERSONAL BACKGROUND

1. Are you:
   Single____ Married _____ Separated ______ Divorced _______ Widowed ________
   Full name of spouse ______________________________________________________
   When were you married __________________________________________________
   Where were you married __________________________________________________

2. Previous marriages: List the following information.
   Name of Spouse   Date of Marriage   Date Marriage Ended   Reason (divorce/death)
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

3. Children Yes/No__________ If yes, how many? ____________
4. Have you ever served in the Armed Forces? Yes_______ No ________
   If yes, what branch? ________________________________________________

5. What type of discharge did you receive? Honorable ________ Dishonorable ________
   Medical ________ Other ________________

EMPLOYMENT BACKGROUND
1. Please provide the following information about your current job:
   Name of employer _____________________________________________________
   Employer’s address _____________________________________________________
   When were you hired ___________________________________________________
   Give a brief description of your job duties:
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   If you are currently unemployed, but on disability, please explain how you became disabled.
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
For previous jobs you have held, list the following information.

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<tr>
<th>Dates</th>
<th>Employer</th>
<th>Address &amp; Current Phone</th>
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By signing and submitting this application, I hereby swear and affirm that the information provided is true and accurate to the best of my knowledge and I hereby waive any state or federal privacy protections or other privileges to the extent allowable by law; I understand that Incorrect or Incomplete information provided, by me will be grounds for IMMEDIATE DENIAL!

Applicant’s Signature: ________________________________

Person Completing the Application____________________________

Date of Application: ________________________________

Subscribed and sworn to me this_______day of___________in the year of_______

Notary Public

My commission expires: ______________
Certificate to Obtain Information
(This Page Is Required For Pardons and Restoration Of Firearm Only applications, if the Court Clerk is unable to locate required court documents)

This page is not required if you are applying for a commutation or if the court clerk was able to provide you with your court documents.

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) in an attempt to obtain a certified copy of his or her commitment orders for the purpose of applying for a Governor’s Pardon. After a good faith effort, a copy of these records cannot be furnished for the following reason:

___________ Case too old, documents have been destroyed
___________ A copy has been diligently searched for and cannot be found
___________ Court House burned and record was destroyed (year __________)

*******************************************************************************

___________________________________
Circuit Clerk/ Deputy Clerk / District Clerk

___________________________________
County Seal
This page is required, in addition to the application, if **ONLY** applying for RESTORATION OF FIREARMS ONLY (Option 4 on Page 3)

This page is **NOT** required if applying for a Pardon.

Recommendation of Chief Law Enforcement 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 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 weapon was involved in the commission of the crime. This person currently resides at ________________________________ which is within my jurisdiction and has lived within my jurisdiction since _______________________.

Sheriff __________________________________

County of _______________________________

Subscribed and sworn to me this ________ day of _____________, ________.

___________________________
Notary Public

My commission expires: