

Pennsylvania Board of Pardons

Application for Clemency

Official Use Only. Do not complete this Section.

Application Number:

Board of Pardons Number:

Session Date:

Section 1: Type of Clemency Requested

- | | | |
|--|---|--|
| <input type="checkbox"/> Pardon | <input type="checkbox"/> Commute Parole | <input type="checkbox"/> Expedited Review for: |
| <input type="checkbox"/> Commute Life Imprisonment to Life on Parole | <input type="checkbox"/> Commute Minimum Sentence | Non-Violent Marijuana |
| <input type="checkbox"/> Commute Death Sentence to Life Imprisonment | <input type="checkbox"/> Commute Maximum Sentence | and/or Paraphernalia Conviction(s) |

Have you previously filed a clemency application in Pennsylvania? Yes No

If yes: Date Granted or Denied (if applicable and known):

Section 2: Applicant Information

| | | | | | |
|---------------------------------|------------------------------|-------------|-----------------------------------|------------|-------------------------|
| <input type="checkbox"/> Miss | <input type="checkbox"/> Ms. | First Name: | Full Middle Name (if applicable): | Last Name: | Suffix (if applicable): |
| <input type="checkbox"/> Mrs. | <input type="checkbox"/> Mr. | | | | |
| <input type="checkbox"/> Other: | | | | | |

Aliases and Other Names: State other names by which you have been known. Include maiden names, names by a former marriage, and aliases.

Date of Birth:

Social Security Number:

Address (Number and Street):

Apartment Number/Floor (if applicable):

City:

State:

Zip Code:

Email Address (if applicable):

Primary Phone Number (if applicable):

Secondary Phone Number (if applicable):

Name of Institution (if **currently** confined):

Inmate Number (if applicable):

Parole Number (if applicable):

Representation:

- Self (**Proceed to Section 3**)
- Friend
- Family Member
- Attorney
- Department of Corrections (**Confined Applicants Only**)

Note: All confined applicants **must** have representation as they cannot represent themselves if granted a public hearing.

Representative Information

Name:

Address:

Phone Number:

Email Address:

Section 3: Convictions For Which Clemency Is Requested

Case #1 (Oldest Case)

| | | | |
|-------------------------------------|--|--|--|
| Offense Date: ____/____/____ | Offense(s) – List each conviction by name , not crimes code. Do not include non-convictions. 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ | Official Use Only. Do not complete this Section. | |
| OTN Number: _____ | | Sentence(s): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ | Grade/Sealed _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ |

Describe the incident and how you were involved. Where were you, what did you do, and how were you caught?

Check this box if you are attaching a Section 3 supplemental page.

| | |
|---|---|
| Official Use Only. Do not complete this Section. | |
| Plea/Verdict: _____ | County: _____ |
| Plea/Verdict Date: _____ | Sentence Date: _____ |
| Revocation Date: _____ | Final Sentence _____ |
| Docket Number: _____ | Financial Obligations Satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Balance: _____ |

Section 3: Convictions For Which Clemency Is Requested

Case #2

| | | | |
|-------------------------------------|--|--|--|
| Offense Date: ____/____/____ | Offense(s) – List each conviction by name , not crimes code. Do not include non-convictions. 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ | Official Use Only. Do not complete this Section. | |
| OTN Number: _____ | | Sentence(s): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ | Grade/Sealed _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ |
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Describe the incident and how you were involved. Where were you, what did you do, and how were you caught?

Check this box if you are attaching a Section 3 supplemental page.

| | |
|---|---|
| Official Use Only. Do not complete this Section. | |
| Plea/Verdict: _____ | County: _____ |
| Plea/Verdict Date: _____ | Sentence Date: _____ |
| Revocation Date: _____ | Final Sentence: _____ |
| Docket Number: _____ | Financial Obligations Satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Balance: _____ |

Section 3: Convictions For Which Clemency Is Requested

Case #3

| | | | | |
|-------------------------------------|---|---|--------------|--------------------------|
| Offense Date: ____/____/____ | Offense(s) – List each conviction by name , not crimes code. Do not include non-convictions. | Official Use Only. Do not complete this Section. | | |
| | | Sentence(s): | Grade/Sealed | |
| OTN Number: _____ | 1. _____ | | | <input type="checkbox"/> |
| | 2. _____ | | | <input type="checkbox"/> |
| | 3. _____ | | | <input type="checkbox"/> |
| | 4. _____ | | | <input type="checkbox"/> |
| | 5. _____ | | | <input type="checkbox"/> |
| | 6. _____ | | | <input type="checkbox"/> |
| | 7. _____ | | | <input type="checkbox"/> |
| | 8. _____ | | | <input type="checkbox"/> |
| | 9. _____ | | | <input type="checkbox"/> |
| | 10. _____ | | | <input type="checkbox"/> |

Describe the incident and how you were involved. Where were you, what did you do, and how were you caught?

Check this box if you are attaching a Section 3 supplemental page.

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| | |
|--------------------------|---|
| Plea/Verdict: _____ | County: _____ |
| Plea/Verdict Date: _____ | Sentence Date: _____ |
| Revocation Date: _____ | Final Sentence _____ |
| Docket Number: _____ | Financial Obligations Satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Balance: _____ |

Section 4: OPTIONAL Personal Statement

If you decide to include a personal statement, it **may** include:

- ✓ A summary of how your life or circumstances have changed since your last arrest
- ✓ Reasons you seek clemency
- ✓ Reasons you feel you are a good candidate for consideration
- ✓ Information you feel supports your request

Check this box if you are attaching a Section 4 supplemental page.

Section 5: Signature

My signature is verification that I have completed this application truthfully and accurately, and I understand that my statements herein are made subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).

In addition, if I have charges subject to Limited Access/Clean Slate laws under 18 Pa.C.S. §§ 9122.1 and/or 9122.2, I understand that under the Pennsylvania Constitution, as well as the Regulations of the Pennsylvania Board of Pardons, hearings conducted by the Board are public in nature. Therefore, details about my conviction(s) and/or any non-conviction data associated with me that are otherwise protected by Limited Access/Clean Slate laws may be revealed if I am granted a public hearing.

If, in the course of comparing my application to the associated documentation, any corrections are required to complete my application, I authorize the Board of Pardons to make such corrections on my behalf.

By my signature, I acknowledge that I understand the following:

- Only the convictions provided in Section 3 of this application will be considered for clemency by the Board.
- This application will not be accepted or filed until all questions have been answered.
- This application will not be accepted or filed without the required documents.
- This application will not be accepted or filed until the rules of the Board of Pardons have been met.
- That I waive my right to the protections afforded to me by Limited Access/Clean Slate laws, for the purposes of continuing to pursue clemency. I understand that waiving this right will enable the Board to comprehensively consider my application for clemency, and if it recommends my application to the Governor, ensures that the process is constitutionally sound.

Applicant's Signature

Date

In accordance with the Board's Regulation 37 Pa. Code § 81.282:

The applicant may be represented by legal counsel or another person designated by the applicant. The applicant may also be represented by a legal guardian, next friend, or other person authorized by law to act on behalf of the applicant.

Signature of a legal guardian, next friend or other
person authorized by law to act on behalf of the applicant.

Date

Section 6: Submitting Your Application

Required

Court Documents*
Completed & **Signed** Application

Optional

Certificates
Diplomas
Recommendation Letters
Supporting Documents

Recommended

Keep a copy of everything you submit
for your personal records.
If represented, have your rep review
your application before submitting it.

Notice

Before mailing your packet, be sure all sections are filled out according to the instructions and you have all required documents for cases you are seeking clemency.

Incomplete packets risk rejection.

If you have questions, please contact our office at (717) 787-2596.

Confined Applicants

Mail To:

PADOC/BSAAC/Division of Field Audits
& Clemency Investigations
1920 Technology Parkway
Mechanicsburg, PA 17050

(717) 728-0386 or (717) 728-4727

Non-Confined Applicants

Mail To:

Pennsylvania Board of Pardons
333 Market Street, 15th Floor
Harrisburg, PA 17126

(717) 787-2596

HELPFUL TOOLS

If unsure of your criminal record,
the following websites may assist you in your search.

Court System Search: www.ujspportal.pacourts.us

State Police Criminal History: www.psp.pa.gov

If your case(s) do not show up on either
of the above websites, contact the
Court of Common Pleas
in the county where you were convicted.

**Refer to instructions for important information
regarding the required court documents.**

BE ADVISED!

A copy of the court docket sheet is not an acceptable
substitute for the required documents, except for proof of
payment of financial obligations or outstanding balances.

If the documents are not available, you **must** provide a
letter from the Clerk of Courts stating they are unavailable.

If your case was handled by a Magisterial District Judge
and it has been more than seven years since you were
sentenced, you are not required to obtain
court documents as they have been destroyed.

***Incarcerated applicants are not
required to submit court documents.**

NEED MORE SPACE?

Please do **not** alter the application. Continuing a response to a question on paper that is not part of the official application or saying “**see attached**” or any variation of this is **not** acceptable. If additional space is needed, you must use a supplemental page.

The following pages are supplemental and have been included for Sections 3 & 4.

Please make copies as needed or obtain additional supplemental pages from our website at www.bop.pa.gov

Section 3: Convictions For Which Clemency Is Requested

(Supplemental for Additional Cases)

Case _____

| | | | | |
|-------------------------------------|---|---|--------------|--------------------------|
| Offense Date: ____/____/____ | Offense(s) – List each conviction by name , not crimes code. Do not include non-convictions. | Official Use Only. Do not complete this Section. | | |
| | | Sentence(s): | Grade/Sealed | |
| | 1. _____ | | | <input type="checkbox"/> |
| | 2. _____ | | | <input type="checkbox"/> |
| | 3. _____ | | | <input type="checkbox"/> |
| | 4. _____ | | | <input type="checkbox"/> |
| | 5. _____ | | | <input type="checkbox"/> |
| OTN Number: _____ | 6. _____ | | | <input type="checkbox"/> |
| | 7. _____ | | | <input type="checkbox"/> |
| | 8. _____ | | | <input type="checkbox"/> |
| | 9. _____ | | | <input type="checkbox"/> |
| | 10. _____ | | | <input type="checkbox"/> |

Describe the incident and how you were involved. Where were you, what did you do, and how were you caught?

Check this box if you are attaching a Section 3 supplemental page.

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| | |
|--------------------------|---|
| Plea/Verdict: _____ | County: _____ |
| Plea/Verdict Date: _____ | Sentence Date: _____ |
| Revocation Date: _____ | Final Sentence _____ |
| Docket Number: _____ | Financial Obligations Satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Balance: _____ |

Section 3: Convictions For Which Clemency Is Requested
(Supplemental for Additional Offenses or Descriptions)

Case _____

Offense(s) – List each conviction by **name**, not crimes code. Do not include non-convictions.

Official Use Only. Do not complete this Section.

| Offense(s) – List each conviction by name , not crimes code. Do not include non-convictions. | Sentence(s): | | Grade/Sealed |
|---|--------------|--|--------------------------|
| | 11. _____ | | |
| 12. _____ | | | <input type="checkbox"/> |
| 13. _____ | | | <input type="checkbox"/> |
| 14. _____ | | | <input type="checkbox"/> |
| 15. _____ | | | <input type="checkbox"/> |
| 16. _____ | | | <input type="checkbox"/> |
| 17. _____ | | | <input type="checkbox"/> |
| 18. _____ | | | <input type="checkbox"/> |
| 19. _____ | | | <input type="checkbox"/> |
| 20. _____ | | | <input type="checkbox"/> |

Describe the incident and how you were involved. Where were you, what did you do, and how were you caught?

Check this box if you are attaching a Section 3 supplemental page.

Official Use Only. Do not complete this Section.

Plea/Verdict: _____ County: _____

Plea/Verdict Date: _____ Sentence Date: _____

Revocation Date: _____ Final Sentence _____

Docket Number: _____ Financial Obligations Satisfied: Yes No Unknown Balance: _____

**Section 4: OPTIONAL Personal Statement
(Supplemental)**

If you decide to include a personal statement, it **may** include:

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- ✓ Reasons you seek clemency
- ✓ Reasons you feel you are a good candidate for consideration
- ✓ Information you feel supports your request

Page ____ of ____

Check this box if you are attaching a Section 4 supplemental page.