

APPLICATION FOR CLEMENCY



**Office of the Governor
State of California
State Capitol
Sacramento, California 95814**

This Application for Clemency must be used to request:

- a commutation (reduction) of the applicant's current sentence if the applicant is presently in prison or jail, or on probation or parole;
- a pardon based upon innocence; or
- a pardon based upon rehabilitation if the applicant has completed his or her sentence but is not eligible for a Certificate of Rehabilitation under Penal Code section 4852.01.

Please complete sections I, III and IV and that portion of section II that applies to your case.

Please TYPE or PRINT in blue or black ink.

I.

**APPLICANT INFORMATION
To be completed by all applicants**

LAST Name		FIRST Name		MIDDLE Name	
Date of Birth	Place of Birth	Social Security Number	Prison Number		

Current Residence

Address		Apartment, Lot, Suite, Space, etc.	
City	State	Zip code	

Reason for Requesting Clemency

What relief are you requesting? (Complete the corresponding portion of section II)

<input type="checkbox"/> Pardon based on rehabilitation and not eligible for a Certificate of Rehabilitation under Penal Code section 4852.01 <input type="checkbox"/> Commutation/Pardon based on Battered Woman's Syndrome	<input type="checkbox"/> Commutation of current sentence <input type="checkbox"/> Compassionate Release	<input type="checkbox"/> Pardon based upon innocence <input type="checkbox"/> Other
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Why are you requesting clemency?

Conviction Information

Commitment Offense			
Date of offense	Date of conviction	Arresting agency	County of conviction
Superior court case number	Your trial attorney's name and address	Sentence	If you are currently a prisoner, what is your release date, if any?
Did you appeal your case? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, appellate case number and status of case			

II.
REQUEST FOR CLEMENCY
Please complete the section below that applies to your request.

COMPASSIONATE RELEASE

Complete this section if you are presently in prison and requesting clemency due to a medical condition.

Please explain the medical condition that warrants clemency:
Your current physician's name:
Physician's address:
Physician's telephone number:
Have you applied to the Department of Corrections and Rehabilitation or the Board of Parole Hearings for a recall of your sentence pursuant to Penal Code Sections 1170? <input type="checkbox"/> Yes <input type="checkbox"/> No
What was the result?

PARDON BASED ON REHABILITATION

Complete this section if you have completed your sentence, you are requesting clemency based upon rehabilitation and you are not eligible for a Certificate of Rehabilitation under Penal Code section 4852.01.

Give a brief account of your offense.
Explain your rehabilitation efforts during incarceration.
Describe your record in prison, jail, parole or probation. (List all disciplinary action taken against you)
When were you discharged from probation or parole?
Describe your rehabilitation and activities since release.
Why you are requesting a pardon?

PARDON BASED ON INNOCENCE

Complete this section if you are requesting a pardon based upon innocence.

Describe the evidence of your innocence that was discovered **after** conviction and explain its importance.

Has this new evidence been presented to the arresting agency or district attorney? If so, what was the result?

Has this new evidence been presented to the courts? If so, what was the result?

COMMUTATION/PARDON BASED ON BATTERED WOMAN'S SYNDROME

Complete this section if you are requesting clemency based upon battered woman's syndrome.

Describe the evidence of battering and its effects in the relationship between you and the victim that led to the crime.

Was this evidence presented at trial?

Have you sought a writ of habeas corpus pursuant to Penal Code section 1473.5 based upon this evidence?

COMMUTATION OF SENTENCE

Complete this section if you are currently under sentence and requesting clemency for any reason not covered above.

Explain why you are requesting clemency.

Have you sought relief from the courts?

III
NOTICE TO DISTRICT ATTORNEY

Penal Code section 4804 requires that you give the district attorney of the county of conviction written notice of your intention to apply for a pardon. You must complete the attached form and mail it to the district attorney **before** you submit this application to the Governor's Office. If you are requesting a pardon for more than one conviction involving more than one county, each district attorney must be given notice.

I declare under penalty of perjury under the laws of the State of California that I have served the district attorney of the county of _____ with notice of my intent to apply for a pardon, as required by Penal Code section 4804.

(Name of county)

(Applicant's signature)

(Date)

IV
DECLARATION UNDER PENALTY OF PERJURY

This Application for Clemency may be submitted to the Board of Parole Hearings for investigation and recommendation pursuant to Penal Code Section 4812. This application may also be submitted to law enforcement or other agencies for investigation or recommendation.

I certify (or declare) under penalty of perjury under the laws of the State of California that the forgoing is true and correct. I understand that any omission or misstatement of facts may result in denial of my application and the filing of perjury charges against me.

(Applicant's signature)

(Date signed)

NOTICE OF INTENTION TO APPLY FOR CLEMENCY

This Notice is submitted pursuant to Penal Code section 4804

To the District Attorney of _____ County:
County of Conviction

Please take notice that I, _____, was
Full Name – First, Middle and Last
convicted of the crime of _____,
Give offense and Penal Code section
committed in the County of _____, State of California,
County of Conviction
convicted on _____ and sentenced to _____.
Date of conviction Sentence

I will submit an application to the Governor of the State of California requesting a

- Pardon based upon rehabilitation
- Commutation of current sentence
- Pardon based upon innocence
- Compassionate release
- Commutation/Pardon based on Battered Woman’s Syndrome
- Other
If other, BREIFLY EXPLAIN

Full Name of Applicant – TYPED or PRINTED Applicant’s Signature

Month, Day, Year

Applicant’s Street Address

Applicant’s City, State, Zip Code

This Section to be Completed By District Attorney Only

State of California

County of _____ } SS.

I, _____ District Attorney of the County of
of _____, State of California, do hereby
acknowledge receipt of notice from _____ that
Name of Applicant
he/she intends to apply to the Governor of the State of California for a Traditional Pardon.

[Signed] _____
District Attorney of the County of _____