

I

COMMONWEALTH OF PENNSYLVANIA
APPLICATION FOR CLEMENCY

BOARD OF PARDONS

MUST BE TYPED OR NEATLY PRINTED

True Name _____ Social Security # _____

Alias _____ SID # _____

You are respectfully requested to recommend to His Excellency the Governor of the Commonwealth of Pennsylvania that he

- () Commute a death sentence to life imprisonment
- () Commute life imprisonment to life on parole
- () Commute my minimum sentence
- () Commute my maximum sentence
- () Grant me a pardon

Personal Data

1. Date and place of birth _____
2. Current age _____
3. List current address _____

 (a) with whom do you reside? _____
 (b) If confined, where and with whom will you reside? _____
 (c) Include phone number and zip code _____
4. Have you previously filed an application with the Board Of Pardons? _____

 On what dates? _____
5. Are you presently under medical care? If so, for what? _____
 Supply names and addresses of doctors treating you. _____
6. Who will represent you at your public hearing? Give name, address, zip code, and phone numbers. If you are representing yourself, write SELF. **CONFINED APPLICANTS MAY NOT REPRESENT THEMSELVES.** Inmates who have no representation may contact the Pardons Case Specialist, P.O. Box 598, Camp Hill, PA 17011 _____

Facts of Crime

7. State brief details of the crime(s) for which you are requesting a Pardon or Commutation (Applicant must complete in his/her own words!)

If additional space is needed, attach rider

Details of Crime

8. In what county(s) were you sentenced? _____
By what judge(s) or district justice(s)? (if the sentencing
district justice or judge is no longer presiding, furnish
name of the person currently presiding in that district.) _____
On what date(s)? _____
What was the court case number? _____
Effective date(s) of sentence(s): _____
For what crime(s)? _____

9. What was the court's sentence including fine(s) and cost(s)? _____

10. Date of Expiration of Minimum Sentence? _____

11. Date of Expiration of Maximum Sentence? _____

12. In what institution are you now confined?
DOC. No. _____ Parole No. _____

13. Name of lawyer who defended you? _____

Do YOU have any detainers outstanding?
Specify (where, when, sentence, etc.) _____

15. Are any convictions currently under appeal? In what court?
On what grounds? _____

14.

16. Give statement of the sentences of all your accomplices in the crime(s) for which you are seeking clemency:.

Name	Charge	Date	Result	Sentence	Place Confined
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17. Pardon applicants must list EVERY CITATION, ARREST, or CRIMINAL CHARGE (including traffic and juvenile offenses) whether or not the result was a conviction. Include charges in jurisdictions outside Pennsylvania, as well as the Federal jurisdiction:

Date of Arrest	Place of Arrest	Crime Charged	Disposition
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18 Have you ever violated parole or probation?_____ If so, explain with dates, sentences, violation grounds and circumstances.

CLEMENCY PRESENTATION

NOTE: APPLICANT TO COMPLETE ANSWERS 19 THROUGH 23 IN HIS/HER OWN WORDS

19. Why do you believe your plea for mercy should be granted?

20. Specifically, why do you **need** clemency?

21. How have you conducted yourself? How have you contributed to the community and what efforts have you made to rehabilitate and improve yourself? Give a brief statement of your activities.

22. What purpose will clemency serve that parole and prerelease programs will not? (to be answered by non- life sentence prisoners)

23. Please complete the following:

EDUCATION/TRAINING (CHECK HIGHEST LEVEL COMPLETED)									
1.	2.	3. ASSOCIATE	4.	5.	4. DOCTOR'S	7.	8.	9. OTHER	
GED	HIGH SCHOOL	DEGREE	BACHELOR'S DEGREE	MASTER'S DEGREE	DEGREE	JD OR MD	CPA	TRAINING BEYOND HIGH SCHOOL	
TRAINING, NAME & LOCATION (CITY & ZIP CODE, IF KNOWN) OF COLLEGE OF UNIVESITY			DATES ATTENDED		DID YOU GRADUATE?	NO. OF CREDITS COMPLETED		TYPE OF DEGREE (BA, ETC)	MAJOR COURSE OF STUDY
			FROM	TO		SEMESTER HOURS	OTHER (SPECIFY)		
HIGH SCHOOL									
TECHNICAL, BUSINESS, OR OTHER SCHOOLS									
COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL									
CREDITS OBTAINED ELSEWHERE SUCH AS CLEP									

24. If Confined: Will you have employment if released? _____ If "Yes" give name and address of your prospective employer. If "no" how will you be able to maintain yourself? State your resources and the names and addresses of relatives or friends who will assist you.

25. If not confined: Give name, address and telephone number of employer. If unemployed, how are you being financially supported?

Checklist

- () Are photographs enclosed (only if not confined)
- () Have you enclosed the filing fee?
- () Have you enclosed your criminal record?
- () Have you answered all questions and signed/dated the application?

Applicant's Signature _____ Date _____

THIS APPLICATION WILL NOT BE ACCEPTED AND FILED UNTIL ALL QUESTIONS HAVE BEEN ANSWERED, AND RULES OF THE BOARD OF PARDONS HAVE BEEN MET. YOU MUST NOTIFY THIS OFFICE IN WRITING IF AT MY TIME THERE IS AN ADDRESS OR EMPLOYMENT CHANGE

DO NOT WRITE HERE

Filed _____
Receipt Letter _____
DOC _____
PSP _____
PBPP _____
Judge _____
DA _____
Victim _____

Do NOT Bind Application or Supporting Material.