

**APPLICATION FOR CLEMENCY**

(Please read rules and check box for type of clemency desired. Must be filed with court papers)

- Full Pardon
- Pardon Without Firearm Authority
- Remission of Fine or Forfeiture
- Restoration of Alien Status Under Florida Law
- Commutation of Sentence
- Specific Authority to Own, Possess or Use Firearms

**PLEASE PRINT OR TYPE**

Name When Convicted: \_\_\_\_\_

Current Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Driver License No.: \_\_\_\_\_ Prison or Probation No.: \_\_\_\_\_

U.S. Citizen? \_\_\_\_\_ If no, Immigration registration no.: \_\_\_\_\_ )

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone No.: \_\_\_\_\_ Daytime Telephone No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

CONVICTIONS: (Please list each conviction giving all requested information. If you have more than two convictions, please attach a separate sheet of paper listing all the required information.)

\_\_\_\_\_

Court \_\_\_\_\_ County/State \_\_\_\_\_

Date Convicted \_\_\_\_\_ Date of Sentence \_\_\_\_\_

What was your sentence? \_\_\_\_\_

Date you completed expiration of sentence, probation, or parole:(Underline proper one)

\_\_\_\_\_

\_\_\_\_\_  
(Signature) (Date)

Attorney Name, Address & Telephone Number: (NOTE: You do not need an attorney for this process.)

\_\_\_\_\_

( ) Attached hereto is a certified copy of charging instrument (indictment or information) and copy of judgment and sentence for each conviction.

NOTE: This application form is available on the internet at [www.state.fl.us/fpc/exclem.html](http://www.state.fl.us/fpc/exclem.html).  
If seeking restoration of civil rights only, please use Form # 1501A.

Mailing address: Office of Executive Clemency  
2601 Blairstone Road, C-229

