

# Ohio Parole Board Application for Executive Clemency

1. 

APPLICANT'S NAME:	ALIAS:
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2. **IF Confined:**

INSTITUTION:	INSTITUTION NUMBER:	DATE ADMITTED:
PAROLE/PRC ELIGIBILITY DATE:		EXPIRATION OF DEFINITE SENTENCE:

3. **IF NOT Confined:**

ADDRESS:	STREET	CITY	STATE	ZIP
DATE RELEASED ON PAROLE/PRC:		FINAL RELEASE DATE:		
DATE GRANTED COMMUNITY CONTROL/PROBATION:		DATE COMMUNITY CONTROL/PROBATION COMPLETED:		

**OR**

4. 

DATE OF BIRTH:	AGE:	TELEPHONE NUMBER:
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5. 

TYPE OF CLEMENCY HEARING REQUESTED: <input type="checkbox"/> Pardon <input type="checkbox"/> Commutation <input type="checkbox"/> Reprieve	ALTERNATE PHONE NUMBER:
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6. HAVE YOU APPLIED FOR CLEMENCY IN THE PAST?  YES  NO - If yes, when: \_\_\_\_\_

7. OFFENSES FOR WHICH CLEMENCY IS REQUESTED: (SEE INSTRUCTIONS)

COUNTY (CITY)	CASE NO.	CRIME	DATE CONVICTED	SENTENCE

8. ARREST RECORD: (JUVENILE AND ADULT)

COUNTY (CITY)	CASE NO.	CRIME	DATE CONVICTED	SENTENCE

9. 

MARITAL STATUS:	SPOUSE'S NAME:	NO. OF DEPENDENTS:
EDUCATION:		

10. EMPLOYMENT HISTORY: (PAST FIVE YEARS)

EMPLOYER	ADDRESS	TELEPHONE NUMBER	EMPLOYMENT STATUS

**11. REASONS CLEMENCY IS REQUESTED: (USE ADDITIONAL SHEETS IF NECESSARY)**

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**12. ATTACHMENTS: (LETTERS IN SUPPORT, COURT PAPERS, DIPLOMAS, ETC.) (SEE INSTRUCTIONS)**

*I HEREBY SWEAR THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND THE ATTACHED DOCUMENTS IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

NOTARY PUBLIC: \_\_\_\_\_ MY COMMISSION EXPIRES: \_\_\_\_\_

**IF PREPARED BY ATTORNEY:**

\_\_\_\_\_  
ATTORNEY'S NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_

\_\_\_\_\_  
ATTORNEY'S SIGNATURE

\_\_\_\_\_  
DATE