

**South Dakota Board Of Pardons And Paroles**  
**Executive Clemency Application**

**Definition of Clemency:**

SDCL 24-14-2 Forms of Clemency. The term “clemency” means either a pardon, commutation, reprieve, or remission of a fine or forfeiture. (This application is for all forms of clemency except commutation.)

**Application Instructions for Executive Clemency:**

All incomplete applications will be returned to the applicant without processing.

**Requirements:**

The application must clearly define each conviction that you are applying for. You must have paid all court costs, fines and restitution before your application will be considered for a Pardon, Exceptional Pardon, Reprieve, or Remission of Forfeiture. (Does not apply for a Remission of Fine - see below). Receipts verifying your payment of costs, fines and restitution ordered by the court must accompany your application. The time in which your application will be processed and considered is directly related to your efforts to provide this information. Proof of payment may be obtained from the Clerk of Courts in the county in which it was paid.

**Requirements for Reprieve or Remission of Fine or Forfeiture:**

You must complete this application and provide complete documentation detailing why or how this sentence that includes fine or forfeiture is an overwhelming burden, or is excessive or constitutes a miscarriage of justice.

**South Dakota Statutes governing Executive Clemency are found under Chapter 24-14**

*The South Dakota Board of Pardons and Paroles hears Executive Clemency applications and then makes a recommendation to the Governor. The Board does not grant Executive Clemency.*

**Notification of Hearing Dates and Times: Two Stage Hearing**

Initial Hearing: Hearing Panel

A hearing date will be set by the Parole Board Office for an initial hearing before a Hearing Panel after a completed application has been received. The applicant will be notified of the time and location for the initial hearing. The Hearing Panel will render a decision to deny or recommend a Final Hearing before the Full Board.

Final Hearing: Full Board – Recommend or Not Recommend to the Governor

The applicant, States Attorney, sentencing Judge, and Sheriff will be notified of the time and date of the Final Hearing. The Full Board will either Recommend or Not Recommend to the Governor for Executive Clemency.

Board Dates are published on the Parole Board Office website  
(<http://www.state.sd.us/corrections/parole.htm>).

**Attached Form SDPA-2: (SDCL-24-14-4)**

SDCL 24-14-4 requires that applicants publish in official newspapers designated by the county where the offense was committed the name of the person on whose behalf the application is being made, the public offense for which the person was convicted, the time of the person's conviction, and the term of imprisonment. This must be published once a week for three consecutive weeks. The last publication date shall be at a minimum of twenty days before the hearing.

To do this, complete the attached form (SDPA-2) and send it to the newspaper in the county where the offense occurred. It is your responsibility to attach the affidavit to the application before mailing it to the Parole Board Office. Applicant is responsible for any expenses incurred during this process.

**Exceptional Pardon:**

If it has been five years since your release from a Department of Corrections facility, and you have only been convicted of one felony, and your only felony was not punishable by life imprisonment, you are eligible for an Exceptional Pardon. If you apply for an Exceptional Pardon, the requirement for publication in the newspaper (Form SDPA-2, Attached) does not apply.

**Notice To State's Attorney:**

SDPA-3 Notice to State's Attorney is attached. You will need to complete the form and send it to the State's Attorney in the county where you were convicted (one for each application/conviction). When the form is returned from the State's Attorney's office, send the completed application to the Parole Board Office for consideration.

**Personal Plea:**

You are required to attach a letter of personal plea, stating why you are asking for clemency and how it will benefit you and society.

**Processing:**

All applications presented to the South Dakota Board of Pardons and Paroles for review and recommendation will receive a written notice of the Board's decision within 10 working days after the hearing.

**Letters Of Recommendation:**

You are strongly encouraged to provide letters of recommendation from the following people at the time you submit your application:\*

1. Minister (if applicable).
2. Present and/or former employer(s).
3. Other reputable persons in the community who can testify to your moral character and good behavior.
4. Family and friends.

\* Daytime phone numbers are required for verification.

If you are unable to obtain letters of recommendation from the above listed individuals due to factors beyond your control (retirement, relocation, deceased, etc.) please include an explanation in your application.

You are encouraged to obtain as many letters of recommendation as possible and should, if possible, talk to each letter writer personally. Letters of recommendation must reference that the letter writer is aware you are seeking Executive Clemency. You may provide each letter writer with a copy of these instructions. After you have fully completed the application and have obtained the letters of recommendation, you may forward all documents to the South Dakota Board of Pardons and Paroles, 1600 N. Drive, P.O. Box 5911, Sioux Falls, SD 57117-5911

**Check List For Applicant's Use**

Please be sure that all information listed below is sent to the Parole Board Office.

1. \_\_\_\_ Proof of payment of court costs, fines and restitution. (For each conviction.)
2. \_\_\_\_ Completed, signed and dated application.
3. \_\_\_\_ Letters of recommendation: \*
  - a. \_\_\_\_ Family
  - b. \_\_\_\_ Friends
  - c. \_\_\_\_ Minister (if applicable)
  - d. \_\_\_\_ Present and/or former employer(s)
  - e. \_\_\_\_ Other reputable persons in the community who can testify to the moral character and good behavior of the applicant.

\* All contact information must include daytime telephone numbers.

4. \_\_\_\_ Department of Corrections Discharge Certificate (Copy, if applicable)

5. \_\_\_\_ Your letter of Personal Plea

6. \_\_\_\_ Certified Copy of Sentence and Judgement. (For each conviction)

7. \_\_\_\_ Affidavit of Publication

8. \_\_\_\_ Proof of Service to State's Attorney: (For each conviction)

9. \_\_\_\_ Please List Other Documents Attached:

10. \_\_\_\_ Please attach a written statement in your own words describing the crime/incident


**Application For Executive Clemency**

Please check the appropriate box for which you are applying:

Pardon             Exceptional Pardon     Reprieve, or Remission of Fine

Name:

Address:

Street

City

State

Zip Code

Other names you have used:

Home Phone: (    )

Work Phone: (    )

Date of Birth:

Place of Birth:

Sex: M  F

Social Security Number:

U. S Citizen: Yes  No

Crime or Offense: \_\_\_\_\_

Felony:  Misdemeanor:

Date Crime Committed: (Month/Day/Year)

Date of Conviction: : (Month/Day/Year)

County of Conviction:

Sentence Received: \_\_\_\_\_

Jail Time: \_\_\_\_\_  Penitentiary Time: \_\_\_\_\_

Beginning Date of Probation:

Ending Date of Probation:

Date of Probation Violation: (if applicable)

Place and Dates of Time Served:

Beginning Date of Parole:

Ending Date of Parole:

Name of Current Probation/Parole Officer:

Address of Current Probation/Parole Officer:

Name of Prosecuting Attorney:

Address of Prosecuting Attorney:

Name of Presiding Judge:

Address of Presiding Judge:

Name of Defense Attorney:

Address of Defense Attorney:

Were you ordered by the Court to pay any of the following?						
Ordered:	<input type="checkbox"/>	Court Cost: \$ _____	<input type="checkbox"/>	Fines: \$ _____	<input type="checkbox"/>	Restitution: \$ _____
Paid:	<input type="checkbox"/>	Court Cost: \$ _____	<input type="checkbox"/>	Fines: \$ _____	<input type="checkbox"/>	Restitution: \$ _____
Balance:	<input type="checkbox"/>	Court Cost: \$ _____	<input type="checkbox"/>	Fines: \$ _____	<input type="checkbox"/>	Restitution: \$ _____
Were you ordered to pay Attorney's Fees: <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount: \$ _____	Paid: \$ _____	
Address at time of Charge and Conviction:						
_____						
Street		City		State		Zip Code

Provide the following information about your employment since your conviction. List your present job first. Attach additional sheets when necessary. (Must be a complete history, explain all gaps in employment.)	
Current Employer: _____	
Address: _____	
Telephone Number: _____	
Immediate Supervisor:	
What is your trade or job description?	
Dates of Employment: From:	To:
<b>1. (Previous Employment)</b>	
Employer: _____	
Address: _____	
Telephone Number: _____	
Immediate Supervisor:	
What was your trade or job description?	
Dates of Employment: From:	To:

<b>2.</b>
Employer: _____
Address: _____
Telephone Number: _____
Immediate Supervisor:
What was your trade or job description?
Dates of Employment: From: _____ To: _____
<b>3.</b>
Employer: _____
Address: _____
Telephone Number: _____
Immediate Supervisor:
What was your trade or job description?
Dates of Employment: From: _____ To: _____
<b>4.</b>
Employer: _____
Address: _____
Telephone Number: _____
Immediate Supervisor:
What was your trade or job description:
Dates of Employment: From: _____ To: _____

<p>Have you been arrested, charged or convicted at any other time? (You must answer this question even if you received a suspended imposition or suspended execution of sentence.)</p> <p>_____</p> <p>_____</p> <p>_____</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

If your answer to any part of the above question is **YES**, provide the following information for each offense. (Use attached sheets if necessary.)

1. Were you  arrested  charged  convicted? Offense: \_\_\_\_\_
  2. Date of Offense: \_\_\_\_\_
  3. Sentence Received: \_\_\_\_\_
  4. Terms of Sentence: \_\_\_\_\_
  5. County and State where convicted or charged: \_\_\_\_\_
  6. Place and dates of incarceration and/or dates of probation or parole: \_\_\_\_\_
- 
7. Name, address and telephone number of:
    - a. Prosecuting Attorney: \_\_\_\_\_
    - b. Counselor at Institution: \_\_\_\_\_
    - c. Parole or Probation Officer: \_\_\_\_\_
  8. Amount of restitution, court cost and attorney's fees ordered and amount paid:
    - a. Restitution Ordered: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_
    - b. Court Cost Ordered: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_
    - c. Attorney's Fees Ordered: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_
    - d. Fines Ordered: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Have you ever been addicted to or abused alcohol or drugs of any type?  Yes  No

If you checked **YES** above, complete the following:

- a. Kind of addiction or abuse: \_\_\_\_\_
- b. Dates of addiction or abuse: \_\_\_\_\_
- c. Did you complete a treatment program?  Yes  No
- d. Description of type of help received and dates: \_\_\_\_\_  
\_\_\_\_\_
- e. Please attach a copy of program completion certificate(s).

Have you received services within the community for Mental Health?  Yes  No

If you checked **YES** above, complete the following:

- a. Type of services: \_\_\_\_\_
- b. Dates of services: \_\_\_\_\_
- c. Did you complete a program?  Yes  No
- d. Description of services received: \_\_\_\_\_  
\_\_\_\_\_
- e. Please attach a copy of program completion certificate(s)

Are you requesting the restoration of your right to own and/or possess firearms?  Yes  No

\* If a Pardon is granted on a state conviction, you may still have remaining federal consequences. It is your responsibility to resolve the issue of firearm possession and ownership with the Bureau of Alcohol, Tobacco and Firearms.



Marital status at present: include spouse's name, address and telephone number if other than your own:

---

---

List names and present addresses of any previous spouses and dates of divorce or separation:

---

---

---

Names and ages of dependents presently living with you:

---

---

Names, ages and addresses of dependents not living with you:

---

---

---

List any alimony or child support payments you were ordered to make:

---

Amount of alimony or child support you are presently paying: \_\_\_\_\_

---

Are you or any of your dependents now receiving any public assistance (welfare benefits, Social Security, disability, etc.)?

If so, give reason: \_\_\_\_\_

---

Amount of public assistance being received per month: \$ \_\_\_\_\_

---

What was your marital status at the time of your conviction?

---

Have you made previous application for Executive Clemency?  Yes  No

If answer to the above is **YES**, when and in what state?

---

---

Provide a brief description of your lifestyle by listing organizations you belong to, hobbies and special interests:

---

---

---

---

---

---

---

---

---

---

List all honors, awards or achievements you have accomplished since your conviction:

---

---

---

---

Please attach copies of certificates:

List all community service or volunteer service projects you have participated in since your conviction:

---

---

Provide names, addresses and telephone numbers of all contact persons affiliated with the above listed volunteer service or community services projects:

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: _____
Address: _____
Telephone Number: _____
Relationship to you: _____
Provide the names, addresses and telephone numbers of three persons (not relatives or convicted felons) who know you well and would serve as references:
Name: _____
Address: _____
Telephone Number: _____
Relationship to you: _____
Name: _____
Address: _____
Telephone Number: _____
Relationship to you: _____
Name: _____
Address: _____
Telephone Number: _____
Relationship to you: _____
Did you file federal income tax returns for the past three years?
Last year: <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain why not: _____ _____
Next previous year: <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain why not: _____ _____

Next previous year: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain why not: <hr/> <hr/>	
Applicants Signature:	Date:

**Executive Clemency Application Release Of Information**

I, \_\_\_\_\_, the undersigned applicant for Executive Clemency to the South Dakota Board of Pardons and Paroles, do hereby authorize any and all persons, firms or corporations; to release any and all information or documents they may now have or hereinafter receive concerning me.

I authorize the release of said information to the South Dakota Board of Pardons and Paroles, their designee or agent. In granting this release, it is my understanding that the information or documents obtained will be used for the sole consideration of my application for Executive Clemency.

I further forever hold blameless those persons, firms, corporations and the South Dakota Board of Pardons and Paroles, who by virtue of this consent may release information as requested.

A photocopy of this release form will be valid as an original, even though said photocopy does not contain an original writing of my signature.

I have read fully and understand the contents of this application and the authorization for release of personal information.

**Full Name:**  
**(Print)**

**Other names used:**  
**(Print)**

**Date of Birth:**

**Social Security Number:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**This Document must be signed and dated for an application to be processed.**

**South Dakota  
Board of Pardons and Paroles**

Dear Publisher:

In order for me to complete the application for Executive Clemency a notarized affidavit of publication must be sent to the Board of Pardons and Paroles after publication. Please send a notarized affidavit of publication to my address listed below. Thank you for your assistance.

Please publish the following Notice of Application once a week for three consecutive weeks.

Sincerely,

---

Applicant: \_\_\_\_\_  
Applicant's address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Applicant's Phone  
Number: \_\_\_\_\_

**Notice Of Application For Executive Clemency**

\_\_\_\_\_ who was sentenced from  
\_\_\_\_\_ County,

the \_\_\_\_\_ Day of \_\_\_\_\_,  
to \_\_\_\_\_

Fine, Forfeiture, Jail or Prison

For the crime of \_\_\_\_\_

Has applied to the South Dakota Board of Pardons and Paroles for:

- Pardon  
 Reprieve or Remission of Fine or Forfeiture

**Form – SDPA – 2 – Notice of Publication**

**South Dakota Board of Pardons and Paroles**

**Notice of Executive Clemency Hearing**

Pardon     Exceptional Pardon     Reprieve, or Remission of Fine

NOTICE IS HEREBY GIVEN that an Application for Executive Clemency will be presented to the South Dakota Board of Pardons and Paroles. Upon the Board of Pardons and Paroles receiving a completed application, you will be notified by letter from the Board Office of the time and date of the hearing.

Applicant:

Sentencing Judge: \_\_\_\_\_, of the \_\_\_\_\_ Circuit Court.

County of Conviction:

Crime:

Date of Conviction:

Sentence:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date:

Due legal and personal service of the within and foregoing instrument is hereby admitted at \_\_\_\_\_

county, South Dakota, on this \_\_\_\_\_ Day of \_\_\_\_\_, 20

\_\_\_\_\_  
States Attorney

**Form SDPA – 3 Notification to States Attorney**