

STATE OF IDAHO COMMISSION OF PARDONS AND PAROLE

C.L. "Butch" Otter Govenor

Olivia Craven Executive Director

PARDON APPLICATION

NA	ME			BIRTHDATE	SS#	
	AME Last	First	Middle			
ΑL	JASES (if any) _				Former IDOC #	
CR	IMES FOR WHI	CH PARDON	IS REQUES		provide the following information imes for which you seek a Pardon.)	
CR	IME			_ DATE CONVICTE	D	
SENTENCE				_ COUNTY		
CRIME				_ DATE CONVICTE	0	
SENTENCE				COUNTY		
CRIME				_ DATE CONVICTE	0	
SENTENCE				COUNTY		
	scribe the facts of th item. Be specif		answering the	statements below. Use	a separate sheet of paper. Answer	
1.	State reasons yo	ou feel a Pardor	n is needed.			
2.	Have you been a	rrested for any	offense since	your release from this	offense? If so, indicate where,	
	when, and for what. A records check will be made. <u>Failure to report accurate and complete information will be sufficient reason for denial of a Pardon.</u>					

3. What is your residence and employment history since offence for which you seek a Pardon?

of the community who can attest to your character and activities within our community.

4. It will be to your advantage to supply the Commission with letters of support from reputable members

- 5. Upon receipt of your Pardon Application, a discreet field investigation will be conducted by agents for the Commission of Pardons and Parole. The Idaho Commission of Pardons and Parole meets as a Pardon Board four times each year in the months of January, April, July, and October. After completion of the field investigation, your Pardon Hearing will be set for one of these months and will be advertised in the local newspaper four weeks prior to the Hearing.
- 6. It is most beneficial, though not mandatory, for your personal appearance before the Commission on the date of your Hearing. You will be notified by mail prior to your Hearing to enable you to make plans to attend, if you so wish.
- 7. Be assured that the Commission for Pardons and Parole is anxious to meet with you and take into consideration your Pardon Application.

Applicant's Signature		
Address		
City	State	Zip Code
Home Phone: ()		
Business Phone: ()		
Date:		