MAIL TO: LOUISIANA BOARD OF PARDONS P. O. BOX 94304, BATON ROUGE, LOUISIANA 70804-9304

(APPLICANT SIGNATURE)

REQUIRED ATTACHMENTS FOR INCARCERATED APPLICANTS:

CURRENT MASTER PRISON RECORD WITH TIME COMPUTATION

JAIL CREDIT WORKSHEET SIGNATURE OF CLASSIFICATION

OFFICER, CONDUCT REPORT AND PROOF OF DIRECT APPEAL DENIAL (THOSE SENTENCED TO DEATH)

REQUIRED ATTACHMENTS FOR PAROLEES:

A COPY OF MASTER PRISON RECORD OR PAROLE CERTIFICATE

REQUIRED ATTACHMENTS FOR PROBATIONERS: A COPY OF SENTENCING MINUTES REQUIRED ATTACHMENTS FOR OTHERS: A COPY OF FIRST OFFENDER PARDON, JUDGEMENT AND COMMITMENT PAPERS. (FEDERAL CONVICTIONS) OR ANY OF THE ABOVE.

1. (a) NAME (PRINT):		(b) DOC#	(c) DOB
(d) RACESEX	_ (e) EDUCATIONAL LEV	EL	
(f) AGE AT THE TIME OF O	OFFENSE (g) PR	ESENT AGE	(h)OFFENDER CLASS
(i) PLACE OF INCARCERA (CURRENTLY INCARCERA			
(j) PARISH OF CONVICTIO	ON	JUDICIAL	DISTRICT/COURT
DOCKET#	(k) OFFENSE(S): CHAR	GED WITH	
CONVICTED (YES OR N	(O) PLEAD TO:		
(I) PARISH OFFENSE WAS	COMMITTED		
(m) SENTENCE DATE		(n) LENGTH	
(o) TIME SERVED		(p) PRIOR PROBAT	TION/PAROLENOYES
(q) COMPLETED SATISFACTORILYYESNO DATES:			
IF NO, REASON FOR REVO	OCATION:		
(r) PRIOR CLEMENCY HE FAVORABLE RECOMMEN	ARINGNOYES	DATE OF THIS I SPECIFY	HEARING
APPROVED BY THE GOVE	ERNORNOYES	DATE APPROVE	D
(s) REASON FOR REQ	UESTING CLEMENCY	Y: AGE	MEDICAL TIME SERVED
(t)RELIEF REQUESTE	COMMUTATIO PARDON AND PARDON AND RESTORATIO	N OF LA RIGHTS W	OTHER <u>FH</u> FIREARMS <u>FH OUT</u> FIREARMS
BRIEF NARRATIVE D	ETAILING THE EVENT	'S SURROUNDING	THE OFFENSE: WRITE ON BACK OF THIS SHEET ONLY
DATE AND NATURE OF LA	TOTAL SINCE INCARCED		LAST 12 MONTHS
CUSTODY STATUS:M	INIMUMMEDIUM	MAXIMUM	PRISON/MAILING ADDRESS:
VERIFIED BY:			
(CLASSIFICATION OF	FICER SIGNATURE)	(DATE)	
			*** HOME MAILING ADDRESS: PHONE NUMBER
	,		

(DATE)