STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
APPLICATION FOR EXECUTIVE CLEMENCY

THIS ORIGINAL FORM MUST BE FILLED OUT IN DUPLICATE AND MAILED TO:
BOARD OF PROBATION AND PAROLE
1511 CHRISTY DRIVE
JEFFERSON CIT, MO 65101

1. APPLICANT NAME

TELEPHONE NUMBER

( )   -

ADDRESS   CITY   STATE   ZIP

2. TYPE OF CLEMENCY REQUESTED (CHECK ONE ONLY)   ☐ PARDON   ☐ COMMUTATION OF SENTENCE   ☐ RESTORATION OF CIVIL RIGHTS

3. WHAT IS YOUR REASON FOR MAKING APPLICATION AT THIS TIME?

4. IS PARDON SOUGHT TO GAIN ELIGIBILITY FOR APERMIT, LICENSE, OR TO PRACTICE IN A SPECIFIC EMPLOYMENT AREA?

☐ YES ☐ NO   (IF YES, PLEASE EXPLAIN)

5. DATE OF BIRTH	SOCIAL SECURITY NUMBER	6. GIVE NAME YOU USED AT THE TIME OF CONVICTION (IF DIFFERENT FROM ABOVE)
/ /	- -	

7. ARE YOU CURRENTLY CONFINED IN A CORRECTIONAL FACILITY?

☐ YES   ☐ NO

8. HAVE YOU EVER HAD A PROBATION, PAROLE, OR CONDITIONAL RELEASE REVOKED?

☐ YES ☐ NO

9. CONVICTION(S) FOR WHICH YOU ARE REQUESTING CLEMENCY:

DATE	CHARGE	COUNTY	SENTENCE
A. / /			
B. / /			
C. / /			

10. PRIOR CONVICTIONS (CONVICTIONS OTHER THAN LISTED ABOVE):

DATE	CHARGE	COUNTY	SENTENCE
A. / /			
B. / /			
C. / /			

11. HAVE YOU PREVIOUSLY APPLE FOR EXECUTIVE CLEMENCY?   ☐ YES ☐ NO

DISPOSITION?   DATE   / /

APPLICANTS WHO ARE CURRENTLY CONFINED IN A CORRECTIONAL FACILITY, SKIP TO # 15

12. WHERE HAVE YOU LIVED FOR THE PAST FIVE YEARS, AND WITH WHOM? (COMPLETE NAME AND ADDRESS)

13. WHAT IS YOUR OCCUPATION?

14. LIST EACH JOB YOU HAVE HELD FOR THE PAST FIVE YEARS, GIVING THE FOLLOWING INFORMATION

NAME OF EMPLOYER	ADDRESS	DATE EMPLOYED	REASON LEFT
		/ /	
		/ /	
		/ /	

15. GIVE REFERNCES (INDIVIDUALS WHO HAVE KNOWN YOU FOR AT LEAST FIVE YEARS)

NAME	ADDRESS	TELEPHONE NUMBER
		( ) -
		( ) -

APPLICANT'S SIGNATURE   DATE   / /

THIS APPLICATION IS SUBJECT TO INVESTIGATION, THEREFORE, ANY WILLFUL MISREPRESENTATION OR DELETION ARE GROUNDS FOR REJECTIONS. AUTHORITY TO GRANT EXECUTIVE CLEMENCY IS PURSUANT TO ARTICLE IV, SECTION 7 OF THE CONSITUTION OF MISSOURI.

MO 931 – 1883 (4 – 00)