

Pennsylvania Board of Pardons Commonwealth of Pennsylvania Application for Clemency

Important: This application should be completed by non-incarcerated applicants only. The application must be typed or neatly printed. All questions must be answered. Please answer "N/A" for questions that are not applicable to you.

Official Use Only. Do not complete this Section.		
Application Number:	Board of Pardons Number:	Session Date:

Section 1: Type of Clemency Requested			
<input type="checkbox"/> Pardon	<input type="checkbox"/> Commute Parole	<input type="checkbox"/> Commute Minimum Sentence	<input type="checkbox"/> Commute Maximum Sentence
Have you previously filed a clemency application in Pennsylvania? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered yes, state the date(s) of your previous application(s) and application number(s) if known:			
Have you previously filed a clemency application in another state or with the federal government? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered yes, provide the following:			
Where filed: _____ Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Granted: _____			

Section 2: Applicant Information			
Last Name:	First Name:	Full Middle Name:	Suffix (if applicable):
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number:	
Race (For Statistical Purposes Only): <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Do Not Wish to Disclose			
<input type="checkbox"/> Native American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other			
Address (Number and Street):			Apartment Number/Floor (if applicable):
City:	State:	Zip Code:	County of Residence (PA Residents Only):
Primary Phone Number:	Secondary Phone Number (if applicable):	Email Address (if applicable):	
Aliases and Other Names: State every other name by which you have been known. Include your maiden name, names by former marriages, aliases and nicknames.			
Representation: Who will represent you if you are granted a public hearing? <input type="checkbox"/> Self <input type="checkbox"/> Attorney <input type="checkbox"/> Other		Representative's Name, Address, Telephone Number & Email Address _____ _____ _____ _____ _____	

Section 3: Convictions For Which Clemency Is Requested

If you have more than 1 case that you are requesting to be pardoned, you must list them in order from the oldest conviction to the most recent conviction.

Case #1

Date of Incident:	Offense(s):	Sentence(s):
	1. _____	1. _____
	2. _____	2. _____
	3. _____	3. _____
	4. _____	4. _____
	5. _____	5. _____

In your own words, provide detailed facts of this incident, which must include how you were involved.

Case #2

Date of Incident:	Offense(s):	Sentence(s):
	1. _____	1. _____
	2. _____	2. _____
	3. _____	3. _____
	4. _____	4. _____
	5. _____	5. _____

In your own words, provide detailed facts of this incident, which must include how you were involved.

Section 3: Convictions For Which Clemency Is Requested

Case #3

Date of Incident:	Offense(s):	Sentence(s):
	1. _____	1. _____
	2. _____	2. _____
	3. _____	3. _____
	4. _____	4. _____
	5. _____	5. _____

In your own words, provide detailed facts of this incident, which must include how you were involved.

Case #4

Date of Incident:	Offense(s):	Sentence(s):
	1. _____	1. _____
	2. _____	2. _____
	3. _____	3. _____
	4. _____	4. _____
	5. _____	5. _____

In your own words, provide detailed facts of this incident, which must include how you were involved.

Section 4: Additional Criminal Information and Driver History

Subsection 4A: Adult Charges and/or Convictions including Non-Traffic Citations (i.e. Harassment, Underage Drinking, Disorderly Conduct) Include any other charges (Pennsylvania and Out-of-State convictions and non-convictions) that are not to be included in your clemency request. Charges which resulted in ARD or have been expunged should be included in this subsection.

Date of Incident:	Federal or State Charges?	Name of State:	Offense(s):	Disposition/Sentence:

Subsection 4B: Juvenile Charges and/or Adjudications of Delinquency
 Include any juvenile charges and/or adjudications of delinquency that are not to be included in your clemency request. Charges which resulted in a Consent Decree should be included in this subsection.

Date of Incident:	Name of the County and State:	Offense(s):	Adjudicated Delinquent: Yes or No	Disposition/Sentence:

Subsection 4C: Traffic Citations
 List any traffic citations not listed on your Pennsylvania Driving Record, including any Out-of-State traffic citations.

Date of Citation:	Name of the County or State:	Offense(s):	Penalty (Fines, Points, License Suspension/Loss):

Section 5: Submitting Your Application

- Read the Filing Instructions before you submit your application to the Board of Pardons Office.
- The application, filing fee, passport size photo, required documents and the optional supporting documents must be mailed to the following address (Emailed applications will not be accepted or filed):

Pennsylvania Board of Pardons
333 Market Street, 15th Floor
Harrisburg, PA 17126-0333

- Your application will not be accepted or filed without the filing fee, passport size photo or required documents. See the Filing Instructions.
- Do not permanently bind your application, the required documents or the optional supporting documents.
- Written notification must be provided to the Board of Pardons office of any changes to the following information prior to the final disposition of this application.
 1. Address
 2. Telephone Number
 3. Email Address
- Written notification must be provided to the Board of Pardons office if you decide to withdraw your application at any time.

Section 6: Signature

My signature is verification that I have completed this application truthfully and accurately, and I understand that my statements herein are made subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).

By my signature, I acknowledge that I understand the following:

- Only the convictions provided in Section 3 of this application will be considered for clemency by the Board.
- This application will not be accepted or filed until all questions have been answered.
- This application will not be accepted or filed without the required documents.
- This application will not be accepted or filed without the filing fee.
- This application will not be accepted or filed until the rules of the Board of Pardons have been met.

Applicant's Signature:

Date:

In accordance to the Board's Regulation 37 Pa. Code § 81.282:

The applicant may be represented by legal counsel or another person designated by the applicant. The applicant may also be represented by a legal guardian, next friend or other person authorized by law to act on behalf of the applicant.

Signature of a legal guardian, next friend or other
person authorized by law to act on behalf of the applicant:

Date: