APPLICATION FOR CLEMENCY

Office of the Governor
State of California
State Capitol
Sacramento, California 95814

This Application for Clemency must be used to request:
• a commutation (reduction) of the applicant’s current sentence if the applicant is presently in prison or jail, or on probation or parole;
• a pardon based upon innocence; or
• a pardon based upon rehabilitation if the applicant has completed his or her sentence but is not eligible for a Certificate of Rehabilitation under Penal Code section 4852.01.

Please complete sections I, III and IV and that portion of section II that applies to your case.

Please TYPE or PRINT in blue or black ink.

I.

APPLICANT INFORMATION
To be completed by all applicants

<table>
<thead>
<tr>
<th>LAST Name</th>
<th>FIRST Name</th>
<th>MIDDLE Name</th>
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<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Place of Birth</th>
<th>Social Security Number</th>
<th>Prison Number</th>
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Current Residence

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<tr>
<th>Address</th>
<th>Apartment, Lot, Suite, Space, etc.</th>
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<th>City</th>
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Reason for Requesting Clemency

What relief are you requesting? (Complete the corresponding portion of section II)

☐ Pardon based on rehabilitation and not eligible for a Certificate of Rehabilitation under Penal Code section 4852.01
☐ Commutation/Pardon based on Battered Woman’s Syndrome
☐ Commutation of current sentence
☐ Compassionate Release
☐ Pardon based upon innocence
☐ Other

Why are you requesting clemency?

Conviction Information

<table>
<thead>
<tr>
<th>Commitment Offense</th>
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<tr>
<td>Date of offense</td>
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<tr>
<td>Superior court case number</td>
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Did you appeal your case? ☐ Yes ☐ No
If yes, appeal case number and status of case

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**Prior Convictions:** List all prior convictions, including any in other states or countries.

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<tr>
<th>Offense(s):</th>
<th>Date of offense(s):</th>
<th>County of conviction(s):</th>
<th>Sentence(s):</th>
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**Current Attorney Information**

Are you currently represented by an attorney?  
☐ Yes  ☐ No

If yes, please provide his or her name, address and telephone number.
First and last name:
Telephone number:
Address:

**Information Required by Penal Code Section 4807.2**

Have you paid or given any money, gift or consideration to anyone for assisting you with this application?  
☐ Yes  ☐ No

If yes, please provide his or her name, address and telephone number.
First and last name:
Telephone number:
Address:
II.
REQUEST FOR CLEMENCY
Please complete the section below that applies to your request.

COMPASSIONATE RELEASE
Please explain the medical condition that warrants clemency:

Your current physician’s name:

Physician’s address:

Physician’s telephone number:

Have you applied to the Department of Corrections or the Board of Prison Terms for a recall of your sentence pursuant to Penal Code Sections 11707?  □ Yes  □ No

What was the result?

PARDON BASED ON REHABILITATION
Give a brief account of your offense.

Explain your rehabilitation efforts during incarceration.

Describe your record in prison, jail, parole or probation. (List all disciplinary action taken against you)

When were you discharged from probation or parole?

Describe your rehabilitation and activities since release.

Why you are requesting a pardon?
PARDON BASED ON INNOCENCE
Complete this section if you are requesting a pardon based upon innocence.
Describe the evidence of your innocence that was discovered after conviction and explain its importance.

Has this new evidence been presented to the arresting agency or district attorney? If so, what was the result?

Has this new evidence been presented to the courts? If so, what was the result?

COMMUTATION/PARDON BASED ON BATTERED WOMAN'S SYNDROME
Complete this section if you are requesting clemency based upon battered woman's syndrome.
Describe the evidence of battering and its effects in the relationship between you and the victim that led to the crime.

Was this evidence presented at trial?

Have you sought a writ of habeas corpus pursuant to Penal Code section 1473.5 based upon this evidence?

COMMUTATION OF SENTENCE
Complete this section if you are currently under sentence and requesting clemency for any reason not covered above.
Explain why you are requesting clemency.

Have you sought relief from the courts?
III
NOTICE TO DISTRICT ATTORNEY

Penal Code section 4804 requires that you give the district attorney of the county of conviction written notice of your intention to apply for a pardon. You must complete the attached form and mail it to the district attorney before you submit this application to the Governor’s Office. If you are requesting a pardon for more than one conviction involving more than one county, each district attorney must be given notice.

I declare under penalty of perjury under the laws of the State of California that I have served the district attorney of the county of ____________________________ with notice of my intent to apply for a pardon, as required by Penal Code section 4804.

(Name of county)

(Applicant’s signature) (Date)

IV
DECLARATION UNDER PENALTY OF PERJURY

This Application for Clemency may be submitted to the Board of Prison Terms for investigation and recommendation pursuant to Penal Code Section 4812. This application may also be submitted to law enforcement or other agencies for investigation or recommendation.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that any omission or misstatement of facts may result in denial of my application and the filing of perjury charges against me.

(Applicant’s signature) (Date signed)
NOTICE OF INTENTION TO APPLY FOR CLEMENCY

To the District Attorney of ____________________________ County:

County of Conviction

Please take notice that I, ____________________________, was

Full Name – First, Middle and Last

convicted of the crime of

Give offense and Penal Code section

committed in the County of ____________________________, State of California,

Convicted on ____________________________ Date of conviction and sentenced to ____________________________ Sentence

I will submit an application to the Governor of the State of California requesting a

☐ Pardon based upon rehabilitation

☐ Commutation of current sentence

☐ Pardon based upon innocence

☐ Compassionate release

☐ Commutation/Pardon based on Battered Woman’s Syndrome

☐ Other

If other, BREIFLY EXPLAIN

__________________________

Full Name of Applicant – TYPED or PRINTED

__________________________

Applicant’s Signature

__________________________

Month, Day, Year

__________________________

Applicant’s Street Address

__________________________

Applicant’s City, State, Zip Code

This Section to be Completed By District Attorney Only

State of California

County of ____________________________}

SS.

I, ____________________________ District Attorney of the County of

of ____________________________, State of California, do hereby

acknowledge receipt of notice from ____________________________ that

Name of Applicant

he/she intends to apply to the Governor of the State of California for a Traditional Pardon.

[Signed] ____________________________

District Attorney of the County of

__________________________

Notice of Intention
1/04