Application for Pardon Consideration

The Governor of the State of Oklahoma may pardon <u>only</u> Oklahoma convictions. The Governor cannot pardon a federal criminal offense or an offense from another state. If you are seeking a pardon for a conviction in another state you should contact that state. If you are seeking a pardon for a federal conviction, you should contact the Office of the Pardon Attorney, U.S. Department of Justice, 1425 New York Ave., N.W. Suite 1100, Washington, D.C. 20530 (202) 616-6070.

It is important that <u>all</u> items on the Application be answered and returned to the address listed below.

The information you provide will help you to present yourself as a responsible and productive citizen. The Pardon and Parole Board will review this information in making a decision on your application. The process takes <u>at least six months</u> to complete.

Please contact this office by mail or telephone if you have any questions.

Send the completed Application package to: General Counsel Attn: Pardons 2915 N. Classen Blvd., Suite 405 Oklahoma City, OK 73106-5436

Telephone (405) 521-6600

Eligibility Requirements:

- 1. You have been convicted of a violation of Oklahoma law, either a felony, misdemeanor, or Municipal Court misdemeanor conviction involving alcohol or illegal drugs.
- 2. You have no pending charges.
- 3. You are not currently in jail or prison.
- 4. You must have discharged all sentences, including any type of supervision.
- 5. You cannot have been considered for a Pardon within the past year.

THE FOLLOWING ITEMS MUST BE SENT IN WITH YOUR APPLICATION IN ORDER FOR IT TO BE CONSIDERED COMPLETE:

- 1. **Certified Judgment & Sentence** <u>on each conviction</u> you wish to have Pardoned (obtainable from the Court Clerk in the County of conviction; copies must bear the County Seal);
- 2. Certified statement from the Court Clerk that all fines, fees, and court costs (including restitution and probation fees) have been paid in full (must bear the County Seal).
- 3. Current credit report (<u>www.freeannualcreditreport.com</u>);
- 4. **Proof of employment or income** (if you receive any income send a copy of the latest statement showing the type of income and the amount, i.e. unemployment or SSI); and
- 5. **Proof of residence** (current receipt for rent or mortgage payments, lease agreement, or property tax assessment <u>NOT</u> utility/cable bills).

APPLICATION FOR PARDON

AFTER COMPLETION OF SENTENCE¹

Please read the accompanying instructions carefully before completing the application. <u>Type</u> or <u>print</u> the answers in ink. If the application is illegible it will be returned and not processed. Each question must be answered fully, truthfully, and accurately. If the space for any answer is insufficient, you may complete the answer on the optional continuation page or on a separate sheet of paper and attach it to the application. You may attach additional documentation that you believe is relevant to your application. The submission of any false information is grounds for immediate denial of the application.

The undersigned applicant requests a Pardon and in support thereof states as follows:

1.	Full Name:			. <u>.</u>				
	First		Middle		Last			
	Address:							
	Number	Street	City	State	Zip Code			
	Telephone Number:							
	((include area c	eode)					
	Driver's License Number:		Stat	e Issued In:_				
	Date and Place of Birth:							
	Sex:D.C	D.C. #:	Social Security Number		er:			
were cor	full every other name b nvicted, the reason for <u>r</u> <i>i.e., include your maide</i>	your use of an	other name, and	the dates du	ring which you were s			

you

Are you a United States citizen? \Box yes \Box no

If you are not a U.S. citizen, state your nationality and your alien registration number. If you are a naturalized U.S. citizen, state the date and place of your naturalization.

Have you ever applied for a Pardon before? \Box yes \Box no

If yes, state the date you previously applied._____ OFFENSE(S) FOR WHICH PARDON IS SOUGHT²

¹ To be eligible to apply, an applicant must have discharged all sentences, including supervision. Any cases from other jurisdictions must also meet these criteria, even though not included in the consideration. Any person convicted of Murder First Degree must have served twenty (20) consecutive years under supervision immediately prior to application.

² Question numbers two (2) through six (6) must be answered for every Oklahoma conviction. You must

Please review the application instructions (eligibility criteria) to make sure you are eligible to apply for a Pardon. You must meet all the eligibility criteria on all convictions. Failure to meet the eligibility criteria will result in the application being denied/returned to you.

2.	Applicant was convicted on a plea of	in the District Court
		or nolo contendere)
Court of	in case number <u>CF/CM</u>	of the crime of:
	(County)	
(specific offe	ense as named on the Judgment & Sentence; and statute	violated, if known)
and was sen	tenced on, to: $(month/day)$, $(year)$	
	(month/day) (year)	
□ impr	risonment for	,
supe	ervision/probation for	,
□ a fin	e of \$	
□ resti	tution of \$	
Applicant w	as years of age when the offense was committee	1.
3. A	Applicant began serving the sentence of (imprisonmen	t or \Box supervision/probation) on
	, and discharged the sentence on	
		'day) (year)
Applicant (\Box did or \Box did not) appeal the conviction.	

4. Indicate the date(s) on which the fine or restitution was paid. *If the fine or restitution has not been paid in full, you are not eligible to apply for a Pardon.*

5. If you appealed your conviction or sentence, provide the date of the decision(s) by the Court of Criminal Appeals. Also provide citations to any published judicial opinion(s), and a copy of any unpublished opinion(s), if available.

apply for a Pardon on all Oklahoma convictions. If additional space is needed you may use the optional continuation page or attach separate pages when answering question numbers two (2) through six (6) for multiple convictions.

6. Provide a complete and detailed account of the offense(s). You are expected to describe in your own words the relevant factual circumstances of the offense(s). Do not simply repeat the description of the offense contained in the Criminal Information or Judgment & Sentence, or rely on the statutory citation alone. If the conviction resulted from a plea agreement, you should describe the full extent of your involvement in the criminal conduct, in addition to the charge(s) to which you pled guilty. If you need more space, use the optional continuation page.

PRIOR AND SUBSEQUENT CRIMINAL RECORD

7. Aside from the offense(s) for which you seek a Pardon, have you ever been arrested, taken into custody, held for investigation or questioning, charged by any law enforcement authority, or convicted in any court, either as a juvenile or an adult, for any other incident? \Box yes \Box no

For each such incident, state the following: the date, the nature of the charge, the relevant facts, the law enforcement authority involved, the location, and the disposition of the incident. You must list every incident, including traffic violations. You are expected to describe in your own words the relevant facts of each incident. Any omission will be considered a false statement and will be grounds for denial of your application.

BIOGRAPHICAL INFORMATION

1. Current marital status: \Box never married \Box married \Box divorced \Box widowed \Box separated

For each marriage, state the following: name of spouse, date and place of marriage, and if applicable date and place of divorce. If you need more space, use the optional continuation page(s).

name of spouse/former spousedate/place of marriagedate/place of divorcename of former spousedate/place of marriagedate/place of divorce

9. If you have minor children, but do not have custody of one or more of them, indicate whether and to whom you pay child support, whether your payments are current, and, if not, the reason for your failure to pay and any agreements you have made to satisfy your payment obligation.

10. List all schools you have attended since your conviction, beginning with the most recent and working backward. Indicate the type of degree or diploma received or anticipated and the date of completion. If you need more space, use the optional continuation page(s).

11. Provide the full address of every place you have lived in the past five (5) years, beginning with the present and working backward. All time periods must be accounted for. List the physical location; do not use a post office box as an address. If you live(d) in an apartment complex, list your apartment number. If you need more space, use the optional continuation page(s).

12. List all periods of employment and unemployment since the conviction or release from incarceration, beginning with the present and working backward. All time periods must be accounted for. List all full and part-time work, self-employment, and any period of unemployment. For any

period of unemployment, indicate your means of support. If you need more space, use the optional continuation page(s).

a. Since your conviction, have you been fired or left a job following allegations of misconduct or unsatisfactory job performance? \Box yes \Box no

b. Have you ever failed to list your conviction, or any other arrest, on any employment or other application where such information was requested? \Box yes \Box no

If you answered yes to either of the above questions, provide the employer's name, address and telephone number, and explain fully below the circumstances involved. If you need more space, use the optional continuation page(s).

SUBSTANCE ABUSE AND MENTAL HEALTH INFORMATION

13. Have you ever used any illegal drug(s) or abused prescription drugs or alcohol? \Box **yes** \Box **no** *If yes, identify the drug(s) used, the dates of drug or alcohol abuse, and the frequency of such use. If you need more space, use the optional continuation page(s).*

^{14.} Have you ever been involved in the illegal manufacture, sale, or distribution of drugs other than the offense(s) for which you seek a Pardon? $\Box \Box yes \Box no$

If yes, provide complete details of your involvement. If you need more space, use the optional continuation page(s).

15. Have you ever sought or participated in counseling, treatment, or a rehabilitation program for drug use or alcohol use? \Box yes \Box no

If yes, identify the date(s) of treatment or counseling and the name of the treatment provider. If you need more space, use the optional continuation page(s).

16. Have you ever consulted with a mental health professional (psychiatrist, psychologist, or counselor), or another health care provider, concerning a mental health related condition? \Box yes \Box no

CIVIL AND FINANCIAL INFORMATION

17. Are you currently in default or delinquent in any way in the payment or discharge of any debt or financial obligation imposed upon you? $\Box \Box yes \Box no$

If yes, state the amount of the debt, the name of the creditor, the reason for the failure to pay, and the terms of any agreement(s) you have made to satisfy the obligation. If you need more space, use the optional continuation page(s).

18. Have any liens (including federal or state tax liens) been filed against you? \Box yes \Box no

If yes, state the amount of the lien, the name of the lien holder, the reason the lien was imposed and the current status of the lien. If you need more space, use the optional continuation page(s).

19. Have you ever been a party in a civil lawsuit? \Box yes \Box no

If yes, identify the court in which it was filed, the case number, the nature of the dispute and the final disposition. If you need more space, use the optional continuation page(s).

20. Have you ever filed for the discharge of your debts in bankruptcy court? \Box yes \Box no

If yes, state the court in which the petition was filed, the case number, the amount of debt sought to be discharged, the final disposition and the date of disposition. If you need more space, use the optional continuation page(s).

21. Do you have any pending judicial or administrative proceedings with the federal, state or local governments? $\Box \Box$ yes \Box no

If yes, state the name of the authority involved, the jurisdiction in which the proceeding is pending, the case number, the nature of the proceeding, and the current status of the matter. If you need more space, use the optional continuation page(s).

MILITARY RECORD

22. Have you ever served in the armed forces of the United States? \Box yes \Box no

Date(s) of service:

Branch(es):	
Serial Number:	
Type of Discharge:	
Decoration (if any):	

If you were other than Honorably Discharged, describe in detail the factual circumstances surrounding your discharge. If you need more space, use the optional continuation page(s). Attach a copy of your separation papers (Form DD-214), if available.

23. While serving in the armed forces, did you receive non-judicial punishment, or were you the defendant in any court-martial? $\Box \Box$ yes \Box no

If yes, state fully the nature of the charge, the relevant facts, the disposition of the proceedings, and the date thereof. If you were convicted of an offense by court-martial, provide a copy of the court-martial promulgating order. If you need more space, use the optional continuation page(s).

OCCUPATIONAL LICENSING

24. Have you ever been denied any type of business or professional license, had any such license revoked, or had reinstatement of any such license denied? \Box yes \Box no

If yes, attach a copy of the document(s) evidencing the action and state below the name of the authority taking the action. If you need more space, use the optional continuation page(s).

25. Have you ever been granted any type of business or professional license or received the reinstatement of any such license that had been revoked? $\Box \Box yes \Box no$

If yes, attach a copy of the document(s) evidencing the action and state below the name of the authority taking the action. If you need more space, use the optional continuation page(s).

CHARITABLE AND COMMUNITY ACTIVITIES

26. Describe any charitable or civic activities in which you have been engaged, or other contributions you have made to the community, since your conviction. In this regard, you may include the names of any organizations in which you have participated, the time periods of your participation, and your role in these activities.

If you need more space, use the optional continuation page(s).

REASON(S) FOR SEEKING A PARDON

27. State in full your reason(s) for seeking a pardon. Please keep in mind that a pardon is ordinarily a sign of forgiveness, not vindication.

If you need more space, use the optional continuation page(s).

CERTIFICATION AND PERSONAL OATH

I hereby certify that all answers to the above questions and all statements contained herein are true and correct to the best of my knowledge, information, and belief. I understand that any intentional misstatement of material facts contained in this application may cause adverse action on my application for pardon.

In making application for a pardon from the Governor of the State of Oklahoma, I do solemnly swear that I will be a law-abiding citizen and that I take this obligation freely and without any mental reservation whatsoever.

(moi	nth)	(year)	
(signature	of applicant)		
s day	y of		.,
(day)	(month)		(year)
Notary Pu	ıblic		
	(signature s day (day)	(signature of applicant) s day of	(signature of applicant) s day of (day) (month)

My commission expires: ______ My commission number is: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then complete, sign and date it in *ink*.

I authorize any duly accredited representative of the Oklahoma Pardon and Parole Board or the Oklahoma Department of Corrections, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, courts, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history, arrest, conviction, including the pre-sentence investigation report, if any, medical, psychiatric/psychological, health care, financial and credit information.

I understand that, for financial or lending institutions and certain other sources of information, a separate specific release may be needed (pursuant to their request or as may be required by law), and I may be contacted for such a release at a later date.

I further authorize the Oklahoma Pardon and Parole Board or the Oklahoma Department of Corrections, or any other authorized state agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my suitability for a Pardon.

I authorize custodians of records and sources of information pertaining to me to release such information upon request of any duly accredited representative of the Oklahoma Pardon and Parole Board or the Oklahoma Department of Corrections or any state agency authorized above regardless of any previous agreement to the contrary. I understand that the information released by records custodians and sources of information is for official use by the State of Oklahoma only for the purposes of processing my application for a pardon, and may be re-disclosed by the State of Oklahoma only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for one (1) year from the date signed.

Signature	e (in ink, blue or	black)		
Full name (typed or printed)			Date signed	
Other nar	nes used			
Street add	dress			
City	State	Zip Code	Phone number (with area code)	
		OPTIONAL (CONTINUATION PAGE	
List ques	tion number for	each response.		

CHARACTER AFFIDAVIT ON BEHALF OF

(print or type name of applicant)

In support of the application of the above named applicant for a Pardon from the Governor of the State

of Oklahoma. I,		or type nam	e of affiant/	reference)				
• 1• •	-	(print or type name of affiant/reference)						
residing at Number	Street		ty	State	Zip Co	ode		
	, whos	se occupation	n is					
(telephone number with a	rea code)	se occupation						
Certify that I have persona applicant has behaved sind applicant's reputation, con other trouble with the pub	ce the conviction in induct and activities,	a moral and , including w	law-abiding	g manner. pplicant h	My knowledg as been arrest	ge of		
I do solemnly swe information and belief.	ear that the foregoin	g informatio	n is true and	correct to	the best of m	y knowledge		
		(signature	of affiant)					
Subscribed and s	worn before me th	is da	vof					
Subscribed and s		(day)	(month		(year)			
		Notary Pu	ıblic					
My commission expires:								
My commission number								
2								
	СНА	RACTER A ON BEHAI						
	/ • · ·		<i>C</i> 1.	.)				
	(print d	or type name	of applican	()				
In support of the applicati	on of the above nar	ned applican	t for a Pardo	on from th	e Governor of	the State		

of Oklahoma. I,				
(print	or type nan	ne of affiant/rej	ference)	
esiding at				
Number Street	C	City S	State	Zip Code
, whos	e occupatio	on is		
telephone number with area code)				
Certify that I have personally known the appli applicant has behaved since the conviction in applicant's reputation, conduct and activities, other trouble with the public authorities and h	a moral and including v	d law-abiding r whether the app	nanner. N olicant has	Ay knowledge of been arrested or had any
I do solemnly swear that the foregoing nformation and belief.	g informatio	on is true and c	orrect to t	he best of my knowledge
	(signatur	e of affiant)		
Subscribed and sworn before me thi	s da	av of		
	(day)	(month)		(year)
	Notary P	ublic		
	j			
· · · · · · · · · · · · · · · · · · ·				
My commission expires:				
My commission number is:				
		AFFIDAVIT		
	ON BEHA			
(print o	r type name	e of applicant)		
$(r \cdots)$	~1	5 11		
in support of the application of the above nam				

of Oklahoma. I,						
	(print	or type nam	ne of affiant/	reference)		
residing at						
Number	Street	Ci	ty	State	Zip Code	
	, whos	e occupation	n is			
(telephone number with a	rea code)	1				
Certify that I have persona applicant has behaved sin applicant's reputation, con other trouble with the pub	ce the conviction in nduct and activities,	a moral and including w	l law-abiding whether the a	g manner. N pplicant has	Ay knowledge o been arrested o	f
I do solemnly swe information and belief.	ear that the foregoing	g informatio	on is true and	l correct to t	he best of my ki	nowledge,
		(signature	e of affiant)			
Subscribed and s	worn before me thi	is da	v of			
		(day)	-		(year)	
		Notary Pu	ıblic			
My commission expires:						
My commission number						
	10					