

# INSTRUCTIONS

An application for clemency does not guarantee that the request will be granted.

The Parole Board must review all applications and make a recommendation to the Governor. Please do not call the Parole Board concerning the results; you will be notified by mail.

**The Governor does not review files taken out of order.** There is no appeal process for Clemency. If the Governor denies the application, that decision is final.

Follow all instructions and answer all questions truthfully.

**INCORRECT or INCOMPLETE information will be grounds for return of your application.**

**PLEASE COMPLETE THE APPLICATION IN BLUE OR BLACK INK OR TYPE.**

**IF INCARCERATED GIVE YOUR COMPLETED APPLICATION TO YOUR UNIT IRO.**

## **NEW APPLICANTS**

If you have never filed a Clemency Application before, attach these certified documents to the application:

1. Judgment and Commitment Order (get from the Circuit Clerks Office if Felony Charge –or– from the District Clerk’s office if misdemeanor)
2. Felony Information and/or probable cause affidavit from clerk
3. Narrative incident report from arresting agency (City Police, Sheriff, or State Police)
4. If record is sealed, include Order to Seal (get from court clerk)

## **REPEAT APPLICANTS**

Because you have previously filed for a Clemency, all necessary paperwork is still in your file at the Parole Board. Fill out the application, have it notarized and return it to the Parole Board at the address below. **DO NOT** resubmit attachments sent before (# 1 – 4 above). Only submit NEW information to support your file.

If you have convictions **NOT** previously requested, you must furnish the following:

1. Judgment and commitment order
2. Information sheet or probable cause affidavit
3. Narrative incident report from arresting agency (City Police, Sheriff, or State Police)

**Return all applications to:  
DCC Institutional Release Services (IRS)  
Clemency Department  
2801 S. Olive St., Suite 6-D  
Pine Bluff, AR 71603**

If your address or contact information changes for any reason during the application process, please update your information by contacting 870-543-1035.

A Full Pardon Restores the Following Civil Rights:

1. Right to hold public office.
2. Right to serve on a jury.
3. Licensing privileges for certain types of employment (however, you must check with the appropriate licensing authority to determine if a full pardon is necessary to be licensed). If available, please provide written documentation from that authority advising that you will not be considered for a license without receiving a full pardon. Please provide the licensing authority, phone number and name of the person you contacted.
4. Right to serve as Executor or Administrator of an estate.

A FULL PARDON RESTORES VOTING RIGHTS. Please note, a felon's voting rights are automatically restored when one fully discharges the felony sentence, including any term of incarceration, parole, or supervision, or completed a period of probation ordered by any court.

A FULL PARDON DOES NOT NECESSARILY RESTORE THE RIGHT TO BEAR ARMS You must check the option pardon with firearm rights restored, option 1.

A FULL PARDON DOES NOT restore the right of the applicant to drive and operate a motor vehicle upon public highways.

A Request for Firearm Rights Only (Option 4): In this request you must include **ALL** your convictions. Failure to list **ALL** your convictions will result in you being denied the right to purchase a firearm, and being around a firearm, even if the Governor grants your request.

**Clemency Application**  
**Institutional Release Services—Clemency Department**  
**2801 S. Olive St., Suite 6-D**  
**Pine Bluff, AR. 71603**  
**870-543-1035 / 870-879-6725 fax**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_  
 City \_\_\_\_\_ ADC# \_\_\_\_\_ PID# \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ SS# \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_

**I am requesting the following (Check Only One Option)**

- Option 1: \_\_\_\_\_ Pardon (with firearm rights restored)  
 Option 2: \_\_\_\_\_ Pardon (without firearm rights restored)  
 Option 3: \_\_\_\_\_ Commutation (**you must select at least ONE reason from options a – d**)  
     Reason for requesting a commutation (time cut)  
     a. \_\_\_\_\_ I wish to correct an injustice which may have occurred during the trial. I have attached letters or other documentation that will support this claim. (If you wish to attach explanations or statements to this application, it will be considered as a part of the application.)  
         **You must state specifically what that injustice was:**  
         \_\_\_\_\_  
         \_\_\_\_\_  
         \_\_\_\_\_
- b. \_\_\_\_\_ I have a life-threatening medical condition which does **NOT** qualify for Act 290 “Medical Release”. Or, I’m serving Life or Life without parole.) I have attached a statement explaining my condition. (You must provide a medical information release for the Board to view your medical records.)  
 c. \_\_\_\_\_ I want to adjust what may be considered an excessive sentence.  
 d. \_\_\_\_\_ My institutional adjustment has been exemplary and the ends of justice have been achieved.
- Option 4: \_\_\_\_\_ Restoration of Firearm Only\* -- crime must be 8 years old and no weapons involved and page 13 filled out by Sheriff in county where you currently reside and notarized.  
 Option 5: \_\_\_\_\_ Remission of Fines

# Checklist for Applicant's Use

---

Please make sure all required information listed below is attached to application.

1. \_\_\_\_\_ First time applicant      Yes \_\_\_\_\_ No \_\_\_\_\_  
    Date of previous application \_\_\_\_\_
2. \_\_\_\_\_ Entirely completed, signed, dated and notarized application
3. \_\_\_\_\_ Judgment Orders for each conviction to be considered
4. \_\_\_\_\_ **Letters of recommendation:** (include current address and daytime phone #'s)  
    **IF APPLYING FOR A PARDON OR FIREARM RIGHTS ONLY, YOU MUST HAVE AT LEAST THREE LETTERS OF RECOMMENDATION.**
  - i. Family
  - ii. Friends
  - iii. Minister (if applicable)
  - iv. Present or former employers
  - v. Other reputable persons in the community who may desire to testify to the moral character and good behavior of the applicant.
5. \_\_\_\_\_ Letter of Personal Plea

\*\*\*\*\*

1. Give full name under which you were convicted and any alias names you may have used:

---



---

2. You must list below, ALL CRIMES FOR WHICH YOU WISH TO RECEIVE CLEMENCY!  
 (Attach separate sheet if necessary to include all convictions to be considered)  
**(Fill out completely and attach Judgment OR Commitment Orders (or docket sheets) for each crime listed)**

Crime	Court Docket #	Sentence	Discharged Y/N	Sealed Y?N

3. Were there victims in your crimes? Yes \_\_\_ No \_\_\_ If so, how many \_\_\_\_\_

If yes, answer the following questions:

Did you know the victim? Yes \_\_\_ No \_\_\_

Was the victim: Person \_\_\_ Business \_\_\_ Animal \_\_\_

a. If a person what was the relationship? \_\_\_\_\_

b. Was the victim injured? \_\_\_\_\_

c. Age of the victim? \_\_\_\_\_

d. Was the victim a law enforcement or public official? Yes \_\_\_ No \_\_\_

e. Was there more than one victim? Yes \_\_\_ No \_\_\_

4. Were other persons charged in the crimes listed above? Yes \_\_\_ No \_\_\_

If yes, list the names of your accomplices and what, if any, sentence they received.

Name	Sentence

5. List all other crimes **NOT listed in question 2**, even out of state crimes, traffic violations, misdemeanors, etc. that you DO NOT WISH TO BE CONSIDERED A PART OF THIS APPLICATION.

**(All crimes you have been convicted of MUST be listed in question 2 if you DO want them considered for clemency or questions 5 if you DO NOT want them considered for clemency)**

Crime	County of conviction	Court Docket #	Sentence

6. Have you completely discharged from your sentence? YES \_\_\_\_\_ NO \_\_\_\_\_

7. Do you have any pending criminal charges? YES \_\_\_\_\_ NO \_\_\_\_\_

8. Are you currently on probation, parole, or suspended sentence? \_\_\_\_\_

9. Was any restitution ordered in any of the convictions **(FOR PARDONS AND FIREARM RESTORATION ONLY)**? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes attach receipts

10. Have all fines, fees, court costs and restitution been paid in full **((FOR PARDONS AND FIREARM RESTORATION ONLY))**?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes—attach receipts. NA \_\_\_\_\_

If you still owe restitution, cost(s) and/or fine(s) for any convictions, please list the persons or entity to which the debt is owed, and the outstanding amount still owed.

---



---

11. Do you have Federal Convictions Yes \_\_\_ No \_\_\_

If Yes, please list

Crime	County of conviction	Date	Court Docket #	Sentence

12. Were there victims in your **FEDERAL** crimes? YES \_\_\_\_\_ NO \_\_\_\_\_

13. If so, how many? \_\_\_\_\_

If yes answer the following questions;

Was there a victim in your crime (check all that apply):

Business \_\_\_ Person \_\_\_ Animal \_\_\_

- a. Did you know the victim? YES \_\_\_\_\_ NO \_\_\_\_\_
  - f. If yes, what was the relationship? \_\_\_\_\_
  - g. Was the victim injured? YES \_\_\_\_\_ NO \_\_\_\_\_
  - h. Age of the Victim \_\_\_\_\_
  - i. Was the victim law enforcement or public official? \_\_\_\_\_
  - j. Was there more than one (1) victim? YES \_\_\_\_\_ NO \_\_\_\_\_
14. Were other persons charged in the **FEDERAL** crimes listed above? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, list the names of your accomplices and what, if any, sentences they received.

---



---



---



---



---

15. Concerning the facts of the crimes, briefly explain what happened in each case.  
 (Attach a separate sheet if necessary)

---



---



---



---

16. Did you seek the following type of relief (**For Commutation Applicants Only**) (Date filed on the appropriate response) YES/NO:

Date: \_\_\_\_\_

- a. Expungement \_\_\_\_\_
- b. Habeas Corpus \_\_\_\_\_
- c. Appeals \_\_\_\_\_
- d. Post Conviction Relief \_\_\_\_\_

17. Explain the reason why you think the Governor should grant you the relief requested.  
 (Attach a separate sheet if necessary)

---



---



---

18. Describe what you have done to demonstrate your rehabilitation - Community programs, volunteer work, furthering education, speaking engagements, mentoring to others, etc. (Attach a separate sheet if necessary)

---

---

---

---

---

---

---

---

19. Have you had disciplinaries while in prison? (explain) Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

20. Are you a SEX OFFENDER? Yes \_\_\_\_\_ No \_\_\_\_\_

(If your answer is yes, answer the following questions)

>. What level \_\_\_\_\_

>. Has your registration been kept current since its requirement? \_\_\_\_\_

>. If no, explain why not \_\_\_\_\_

**If you've been accessed, you must submit your most recent risk assessment with this application.**

\*\*\*\*\*

**PERSONAL BACKGROUND**

1. Are you:

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Full name of spouse \_\_\_\_\_

When were you married \_\_\_\_\_

Where were you married \_\_\_\_\_

2. Previous marriages: List the following information.

Name of Spouse      Date of Marriage      Date Marriage Ended      Reason (divorce/death)

---

---

---

---

---

3. Children Yes/No \_\_\_\_\_ If yes, how many? \_\_\_\_\_



Name

AGE

Custody Status (Applicant or Other)

---

---

---

---

---

---

---

---

4. Have you ever served in the Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what branch? \_\_\_\_\_

5. What type of discharge did you receive? Honorable \_\_\_\_\_ Dishonorable \_\_\_\_\_

Medical \_\_\_\_\_ Other \_\_\_\_\_

**EMPLOYMENT BACKGROUND**

**1. Please provide the following information about your current job:**

Name of employer \_\_\_\_\_

Employer's address \_\_\_\_\_

When were you hired \_\_\_\_\_

Give a brief description of your job duties:

---

---

---

---

---

If you are currently unemployed, but on disability, please explain how you became disabled.

---

---

---

---

---

For previous jobs you have held, list the following information.

Dates		Employer	Address & Current Phone
From	To		

\*\*\*\*\*

**By signing and submitting this application, I hereby swear and affirm that the information provided is true and accurate to the best of my knowledge and I hereby waive any state or federal privacy protections or other privileges to the extent allowable by law;**

**I understand that Incorrect or Incomplete information provided, by me will be grounds for IMMEDIATE DENIAL!**

**Applicant's Signature:** \_\_\_\_\_

**Person Completing the Application** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Subscribed and sworn to me this** \_\_\_\_\_ **day of** \_\_\_\_\_ **in the year of** \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**

**My commission expires:** \_\_\_\_\_

**Certificate to Obtain Information**  
**(This Page Is Required For Pardons and Restoration Of**  
**Firearm Only applications, if the Court Clerk is unable to**  
**locate required court documents)**

This page is not required if you are applying for a commutation or if the court clerk was able to provide you with your court documents.

Ask the Clerk of the Court to fill out this form if he/she is not able to provide you with all the required documents.

I, \_\_\_\_\_ Circuit Clerk or District Clerk of \_\_\_\_\_ County  
Have been approached by \_\_\_\_\_ (applicant's name) in an attempt to  
obtain a certified copy of his or her commitment orders for the purpose of applying for a  
Governor's Pardon. After a good faith effort, a copy of these records cannot be furnished for the  
following reason:

- \_\_\_\_\_ Case too old, documents have been destroyed
- \_\_\_\_\_ A copy has been diligently searched for and cannot be found
- \_\_\_\_\_ Court House burned and record was destroyed (year \_\_\_\_\_)

\*\*\*\*\*

\_\_\_\_\_  
Circuit Clerk/ Deputy Clerk / District Clerk

\_\_\_\_\_  
County Seal

This page is required, in addition to the application,  
if **ONLY** applying for  
RESTORATION OF FIREARMS ONLY (Option 4 on Page 3)

This page is NOT required if applying for a Pardon.

Recommendation of Chief Law Enforcement Officer in County of Residence

I, \_\_\_\_\_, hereby recommend  
(applicant) \_\_\_\_\_ for the restoration of his/her right to own or  
possess firearms and certify that he/she is of good standing and is deserving of this restoration of  
firearm rights. In Accordance with Arkansas Code Annotated § 5-73-103, I confirm that the crime  
occurred more than eight (8) years ago and no weapon was involved in the commission of the  
crime. This person currently resides at \_\_\_\_\_ which is  
within my jurisdiction and has lived within my jurisdiction since \_\_\_\_\_.

Sheriff \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: