

State of Colorado
Executive Clemency Application

TYPE OF CLEMENCY DESIRED:

Commutation of Sentence

Pardon

Felony: Seven years must have elapsed since completion of sentence.

Misdemeanor: Three years must have elapsed since completion of sentence.

(All Attached documents must be clear and legible)

I. REQUIRED INFORMATION

Applicants Name(s): _____

Alias: _____

DOC Facility: _____ Parole Eligibility Date (if Applicable): _____

Address: _____

Previous Address: _____

Phone Number: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Place of Birth: _____

SSN: _____ - _____ - _____ FBI#: _____ DOC#: _____

If firearm rights are not restored, would you still wish to seek a pardon? If yes, Why?

Have you ever requested clemency before? Yes No

If yes, state month and year application was submitted: Month _____ Year: _____

EDUCATION LEVEL

Include institution name, address, phone number, dates attended, and copies of any diplomas/certificates/degrees earned.

Institution Name: _____

Address: _____

Dates Attended: _____

Diplomas/certificates/degrees: _____

OCCUPATION

List jobs held and/or occupation for the last 5 years, including supervisor. Name and contact phone number and any/all occupational licenses or certificates. Attach any documents which verify, demonstrate or reflect your achievements.

Name of Business: _____

Address: _____

Position Held: _____ Years Employed: _____

Supervisor Name: _____ Contact Phone No.: _____

Occupational licenses or certificates: _____

Name of Business: _____

Address: _____

Position Held: _____ Years Employed: _____

Supervisor Name: _____ Contact Phone No.: _____

Occupational licenses or certificates: _____

MILITARY

Have you ever served in the military? Yes No

If yes, please state your discharge status and date of discharge, any medals or commendations received, and attach a copy of your DD-214 and military ID.

Branch: _____ Discharge Status: _____

Discharge Date: _____ Medals/Commendations: _____

DOMESTIC

Marital Status: _____ If Other, provide explanation: _____

Full name of spouse or significant other: _____

Length of cohabitation: _____

List all Children by name and age: _____

If minors, who has current custody of the children? _____

Are there outstanding court orders concerning child support? Yes No If yes provide explanation: _____

COLLATERAL CONSEQUENCES OF THE CONVICTION

Requesting clemency for restoration of firearms: Yes No

Demonstrate the need for the restoration of rights associated with the conviction. (i.e., issues related to sport hunting, eligibility for elected office, military services and other impacted privileges.) Sealed or expunged criminal records must be acknowledged and documented.

II CRIME INFORMATION *(List all the convictions that clemency is being requested)*

Crime No. 1:

List original charge(s) & final conviction:

Court Docket No: _____ Sentencing County: _____

Date Sentenced: _____ Sentence: _____

Presiding Judge: _____ Prosecutor: _____

Defense Attorney: _____

Appellate Review: _____

List any post conviction remedies sought, date sought and outcome: *(i.e., record to be expunge or sealed)*

Crime No. 2:

List original charge(s) & final conviction:

Court Docket No: _____ Sentencing County: _____

Date Sentenced: _____ Sentence: _____

Presiding Judge: _____ Prosecutor: _____

Defense Attorney: _____

Appellate Review: _____

List any post-conviction remedies sought, date sought and outcome: *(i.e., record to be expunge or sealed)*

List additional crime(s) on addendum sheet

List additional arrest, traffic, or other offenses. Please include dates and counties:

III REQUIRED DOCUMENTATION: PARDON

(Check all boxes where documentation submitted, all copies must be clear and legible)

- A personal letter to the Governor stating specific reasons/circumstances for requesting clemency.
- Federal and State tax return transcripts for last five (5) years.
- Verification of employment for the past five (5) years. You are encouraged to submit letters from employment supervisors on company letterhead stating the date hired, date employment terminated, job performance and any other generally accepted forms of employment verification.
- Pay stubs for last three (3) months from employer.
- Five (5) letters of reference, *(Letter must be addressed to the Governor, be dated, include language indicating that the letter is for a pardon application, and include the writer's contact information.)*
- Reports from community parole officer/probation officer addressing adjustment to community placement
- Discharge documents
- Color photocopy of driver's license
- Current FBI record or arrest record
- Attach completed fingerprint card. *(Prints should be on blue applicant fingerprint card)*
- Any Additional documents that would assist the Governor in making an informed decision.

NOTE: The clerk of the county in the jurisdiction where the conviction was entered may assist in locating court records. Applicants may obtain fingerprints, criminal records and criminal histories from local law enforcement. Providing reports from law enforcement, pre-sentence investigation reports, charging documents and sentencing documents may expedite the process; therefore it is recommended that you include them with your pardon application, where possible.

I the undersigned, declare under penalty of perjury that all assertions made in this pardon application are complete, truthful, and accurate.

Applicant (Print Name)

Applicant Signature

Date

V REQUIRED DOCUMENTATION: COMMUTATION

- A Personal letter to the Governor stating specific reasons/circumstances for requesting clemency.
 - LSI Assessment
 - CARAS Assessment
 - ADS
 - Current psychological/psychiatric/medical reports. *(If there is a serious medical condition documentation from clinical personnel with diagnosis, prognosis, and recommendations must be attached.)*
 - Reports of disciplinary actions and sanctions, please include details outlining offenses.
 - Pre-sentence investigation reports/arrest affidavits/offense report.
 - Detainer/notification requests or other similarly relevant law enforcement communications
 - Summary Commute Application/Waiver *(provided by Offender Services to include time calculations)*
 - Any additional documentation that would assist the Governor in making an informed decision.
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VI CERTIFICATION AND PERSONAL OATH COMMUTATION:

I the undersigned, hereby authorize the review and release of all information and documents including but not limited to legal, medical, psychological, sociological, and scholastic achievement data needed to complete my petition/application for commutation of sentence. I declare under penalty of perjury that all assertions made in this application are complete, truthful and accurate.

Applicant (Print Name)

Applicant Signature

Date

Witness Signature

Date

VII **CHARACTER CERTIFICATE** (For commutation of sentence only)

Demonstrates the conduct of the applicant during his confinement in the correctional facility, together with such evidence of former good character, as the applicant may be able to produce.
(Attach any additional documentation that may be needed)

1. MEETS ELIGIBILITY CRITERIA Yes No (if No, list reasons)

COMMENTS:

2. CONDUCT/PROGRAMS

COMMENTS:

EXECUTIVE CLEMENCY APPLICATION ADDENDUM SHEET

Crime No. 3:

List original charge(s) & final conviction:

Court Docket No: _____ Sentencing County: _____

Date Sentenced: _____ Sentence: _____

Presiding Judge: _____ Prosecutor: _____

Defense Attorney: _____

Appellate Review: _____

List any post-conviction remedies sought, date sought and outcome: *(i.e., record to be expunge or sealed)*

Crime No. 4:

List original charge(s) & final conviction:

Court Docket No: _____ Sentencing County: _____

Date Sentenced: _____ Sentence: _____

Presiding Judge: _____ Prosecutor: _____

Defense Attorney: _____

Appellate Review: _____

List any post-conviction remedies sought, date sought and outcome: *(i.e., record to be expunge or sealed)*

Crime No. 5:

List original charge(s) & final conviction:

Court Docket No: _____ Sentencing County: _____

Date Sentenced: _____ Sentence: _____

Presiding Judge: _____ Prosecutor: _____

Defense Attorney: _____

Appellate Review: _____

List any post-conviction remedies sought, date sought and outcome: *(i.e., record to be expunge or sealed)*

Crime No. 6:

List original charge(s) & final conviction:

Court Docket No: _____ Sentencing County: _____

Date Sentenced: _____ Sentence: _____

Presiding Judge: _____ Prosecutor: _____

Defense Attorney: _____

Appellate Review: _____

List any post-conviction remedies sought, date sought and outcome: *(i.e., record to be expunge or sealed)*

USE ADDITIONAL SHEETS AS NECESSARY TO DETAIL ALL CRIMES

Initial Here: _____