

IDAHO COMMISSION OF PARDONS AND PAROLE

P.O. BOX 83720
BOISE, IDAHO 83720-1807
(209) 334-2520

PETITION FOR COMMUTATION

NAME _____ IDOC# _____

DATE _____ INSTITUTION WHERE HOUSED _____

A. Please complete the following:

- | | | |
|-----|--------------------------|--------------------------|
| 1) | Crime _____(2) | Crime _____ |
| | Length of Sentence _____ | Length of Sentence _____ |
| (3) | Crime _____(4) | Crime _____ |
| | Length of Sentence _____ | Length of Sentence _____ |

B. The following must be addressed in your petition or it may be returned.

- (1) Explain exactly how you are requesting the Commission to reduce or change your sentence such as: reduce the length of the sentence, design a limit sentence to indeterminate, change a consecutive sentence to concurrent in other

NOTE: A Petition for Commutation may be considered at any time but is usually reviewed at the quarterly sessions of January, April, July, and October *without* the petitioner being present. If the Commission elects to grant a hearing, the Commission will determine the date of the hearing. A petition must be received at the Commission office on or before the first day of a quarterly session. The Petition must be readable; it must be typed, handwritten, or printed in ink.

I am following witness *signature* is to acknowledge only that the petitioner is submitting this petition:

Inmate Signature

Collector, Social Worker, or other Staff Witness

Title

Date

(1) Explain exactly how you are requesting the Commission commute or change your sentence.

(2) Explain the reasons why you feel the circumstances warrant a change of sentence in your case.
