

GARY LOCKE Governor

#### STATE OF WASHINGTON

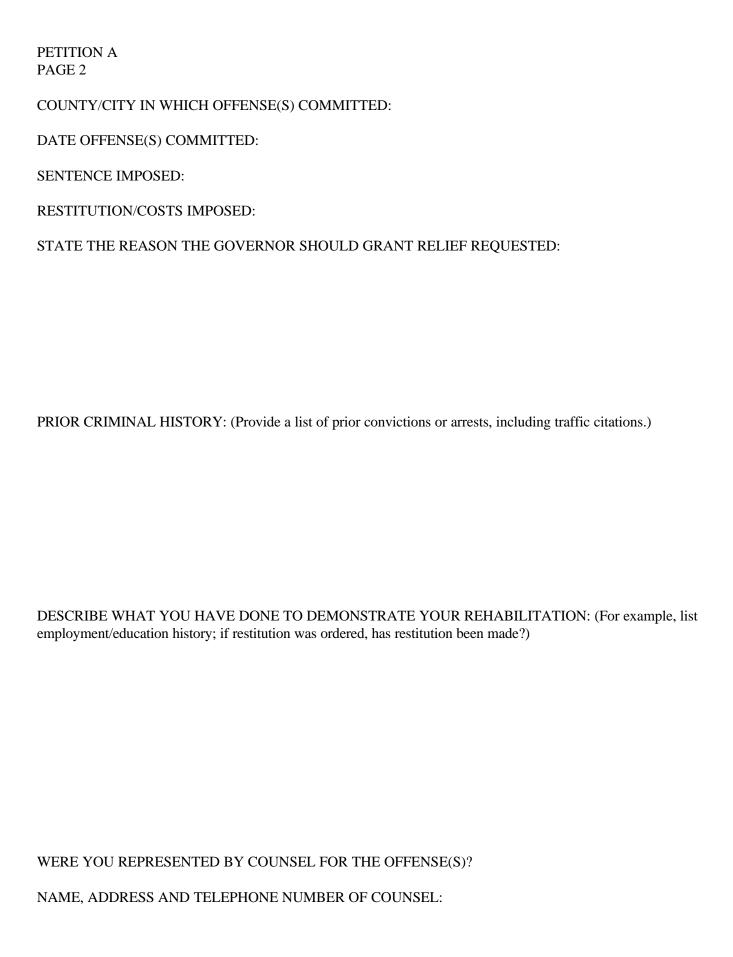
### OFFICE OF THE GOVERNOR

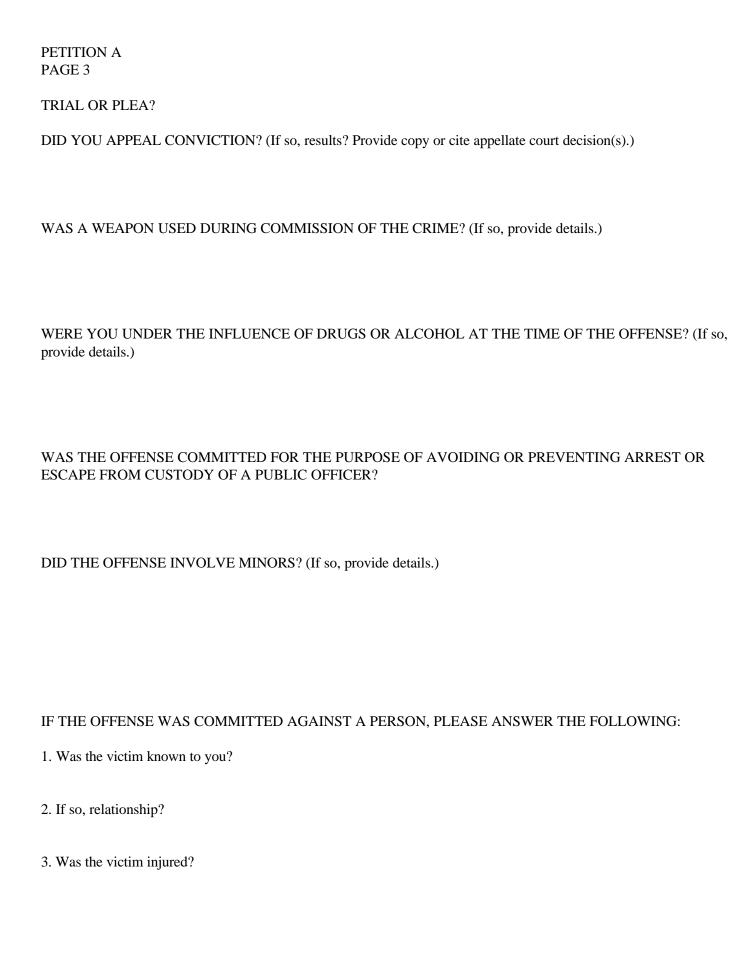
P.O. Box 40002 - Olympia, Washington 98504-0002 - (360) 753-67M - TTY/TDD (360) 753-6466

## PETITION A CLEMENCY/PARDON (FOR IN-STATE CONVICTIONS ONLY)

NOTE: This petition must be typewritten or legibly printed in ink.

NAME:	DATE OF APPLICATION: SOCIAL SECURITY NUMBER:		
OTHER NAMES:	INSTITUTION NUMBER:		
(past, maiden, etc.)	INS ID Number: (Deportation cases only)		
DATE OF BIRTH:	PHONE NUMBER:		
ADDRESS:	DRIVER'S LICENSE NUMBER:		
	OTHER STATES IN WHICH YOU HAVE HELD DRIVER'S LICENSES:		
(Please attach a list of <u>all</u> addresses resided at during the past five years.)			
RELIEF REQUESTED: Commutation	n Pardon Reprieve		
REASON FOR DESIRING RELIEF:			
OFFENSE(S) COMMITTED: (A copy of the Jud required before the Board will review your petition	gment and Sentence for each offense for which you desire relief is		





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4. Age of victim at time of offense:	
5. More than one victim? If so, how man	ny?
6. Was restitution ordered? If so, how n	nuch, and has it been paid?
IF THE OFFENSE INVOLVED TAKI FOLLOWING:	ING OR DESTRUCTION OF PROPERTY, PLEASE ANSWER THE
1. Value of property involved:	
2. Description of property:	
3. Property returned? Restitution made	to owner?
4. Was restitution ordered? If so, how n	nuch, and has it been paid?
HAVE YOU FILED OTHER PETITIC status, or disposition.)	ONS FOR RELIEF WITH THE GOVERNOR'S OFFICE? (If so, provide the date,
CURRENT STATUS:	
1. Date released:	
2. On parole?	Ever revoked?
3. On probation?	Ever revoked?
(Answer questions 4 - 10 if incarcerated	l.)
4. If incarcerated, present status:	

5. Anticipated release date:	Revised - August, 1	1998

# PETITION A PAGE 5 6. Place of release: 7. Level of custody in the institution: 8. Classification in the institution: 9. Have you lost good time or been subject to disciplinary action while incarcerated? 10. If so, identify the nature, circumstances, and outcome. PRESENT EMPLOYMENT: IF APPLICABLE, DO YOU HAVE EMPLOYMENT AVAILABLE UPON DISCHARGE? (If so, where?) THE OF ALL DIVIOUS OF EMDIOMARMENT (ADDRESSES AND TO THE ESTAMBLE DAST FIVE VI EARS: JR n you,

	Revised - August, 1998
DATE	-
SIGNATURE	
ATTACH LETTERS OF REFERENCE OR STATEMENTS GOOD CONDUCT. (These statements should describe associa etc.)	
LIST OF REFERENCES:	
LIST OF ALL PLACES OF EMPLOTMENT (ADDRESSES	AND JOB TITLES) OVER THE PAST FIVE YE

#### WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

A photocopy of this authorization shall be as valid as the original.

To Whom It May Concern:

I authorize you to furnish the Office of the Governor of Washington State with any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological records, my military service records, my criminal history, and my financial status. Information of a confidential or privileged nature may be included.

I waive any and all privacy rights I may have and I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

To be completed by the applicant:

(Print name)
(Signature)
(Date)

(Other names you have been known by, including prior marriage or nickname.)

(Address)
(City)
(State)
(Zip)

(Phone)
(Date of Birth)
(Driver's License Number)

(Other cities, counties, or states resided in over the past ten years; include dates.)