



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 all addresses
resided at during the past five years.)

RELIEF REQUESTED: Commutation____ Pardon____ Reprieve_____

REASON FOR DESIRING RELIEF:

OFFENSE(S) COMMITTED: (A copy of the Judgment and Sentence for each offense for which you desire relief is
required before the Board will review your petition.)

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COUNTY/CITY IN WHICH OFFENSE(S) COMMITTED:

DATE OFFENSE(S) COMMITTED:

SENTENCE IMPOSED:

RESTITUTION/COSTS IMPOSED:

STATE THE REASON THE GOVERNOR SHOULD GRANT RELIEF REQUESTED:

PRIOR CRIMINAL HISTORY: (Provide a list of prior convictions or arrests, including traffic citations.)

DESCRIBE WHAT YOU HAVE DONE TO DEMONSTRATE YOUR REHABILITATION: (For example, list employment/education history; if restitution was ordered, has restitution been made?)

WERE YOU REPRESENTED BY COUNSEL FOR THE OFFENSE(S)?

NAME, ADDRESS AND TELEPHONE NUMBER OF COUNSEL:

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TRIAL OR PLEA?

DID YOU APPEAL CONVICTION? (If so, results? Provide copy or cite appellate court decision(s).)

WAS A WEAPON USED DURING COMMISSION OF THE CRIME? (If so, provide details.)

WERE YOU UNDER THE INFLUENCE OF DRUGS OR ALCOHOL AT THE TIME OF THE OFFENSE? (If so, provide details.)

WAS THE OFFENSE COMMITTED FOR THE PURPOSE OF AVOIDING OR PREVENTING ARREST OR ESCAPE FROM CUSTODY OF A PUBLIC OFFICER?

DID THE OFFENSE INVOLVE MINORS? (If so, provide details.)

IF THE OFFENSE WAS COMMITTED AGAINST A PERSON, PLEASE ANSWER THE FOLLOWING:

1. Was the victim known to you?

2. If so, relationship?

3. Was the victim injured?

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4. Age of victim at time of offense:

5. More than one victim? If so, how many?

6. Was restitution ordered? If so, how much, and has it been paid?

IF THE OFFENSE INVOLVED TAKING OR DESTRUCTION OF PROPERTY, PLEASE ANSWER THE FOLLOWING:

1. Value of property involved:

2. Description of property:

3. Property returned? Restitution made to owner?

4. Was restitution ordered? If so, how much, and has it been paid?

HAVE YOU FILED OTHER PETITIONS FOR RELIEF WITH THE GOVERNOR'S OFFICE? (If so, provide the date, status, or disposition.)

CURRENT STATUS:

1. Date released:

2. On parole? Ever revoked?

3. On probation? Ever revoked?

(Answer questions 4 - 10 if incarcerated.)

4. If incarcerated, present status:

5. Anticipated release date:

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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?)

LIST OF ALL PLACES OF EMPLOYMENT (ADDRESSES AND JOB TITLES) OVER THE PAST FIVE YEARS:

LIST OF REFERENCES:

ATTACH LETTERS OF REFERENCE OR STATEMENTS FROM OTHERS WHO CAN VOUCH FOR YOUR GOOD CONDUCT. (These statements should describe association with you, length of time that person has known you, etc.)

SIGNATURE

DATE

