



STATE OF ARKANSAS
OFFICE OF THE GOVERNOR

Mike Huckabee
Governor

EXECUTIVE CLEMENCY APPLICATION
Please use blue or black ink when completing the application.

Name: _____ Date of Birth _____

City _____ ADC or DCP #: _____
(If applicable)

State: _____ Zip: _____ Social Security # _____

Telephone (home): _____ (work): _____

Person preparing the application (if other than yourself)

Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone (home): _____ (work) _____

I AM APPLYING FOR.,

COMMUTATION (time cut) (Please continue on Page 2)

PARDON (Please continue on Page 3)

FIREARM RESTORATION ONLY (Please continue on Page 3)

My reason(s) for applying for a commutation of my sentence (time cut):

Place an X in the appropriate below:

1. I wish to correct an in-justice which may have occurred during the trial, I have attached letters or other documentation that will support this claim. If you wish to attach an explanation or statement to this application, it will be considered as a part of the application. Discuss results of appeals or Rule 37 or other post conviction proceedings in an attached statement.
2. I have a life-threatening a medical condition which does not qualify for Act 290. I have attached a statement explaining my condition. Your medical statement will be validated by ADC Medical Services before being sent to the Post Prison Transfer Board.
3. I want to adjust what may be considered an excessive sentence.
4. My institutional adjustment has been exemplary and the ends of -justice have been achieved.

NOTE:

- A. All supporting documentation must be available when the Board considers your application.
- B. The Board will ordinarily not consider your application if your case is currently being appealed or if a Rule 37 petition or other petition of post-conviction relief is pending.
- C. If your application is based on your belief that your sentence is excessive or that your institutional adjustment has been exemplary and the ends of justice have been achieved, the application will ordinarily be denied if you have not served the portion of your sentence indicated by the following table:

Life Sentence	12 years
Over 30 years	7 years
25 - 30 years	6 years
22 - 24 years	5 years
19 - 21 years	4 years
16 - 18 years	3 years
11 - 15 years	2 years
Below 11 years	1 year

If you believe that this table should not apply in your case, you should attach a statement of your reasons to this application.

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

2. List all crime(s) for which you have been convicted, the county of conviction, date of conviction, docket number, and sentence. (Sentence may include fines, probation*, suspended sentence or time incarcerated in then Arkansas Department of Correction or the Department of Community Punishment.)

Crime(s)	County	Conviction Date	Docket #	Sentence

NOTE: Please attach a separate sheet if necessary to include all offenses.

*Please include a copy of any orders of probation or suspended sentence you may have received.

3, Are you currently:
serving a sentence in the ADC or DCP? Discharge date: _____
on parole? Discharge date: _____
on probation? Discharge date: _____
serving a suspended sentence? Discharge
date: _____ discharged from your sentence
Discharge date: _____

4. Are you requesting the restoration of your right to own and possess firearms? Yes No

5. Were other person also involved in the crime? Yes No
If yes, list the names of your accomplices and what, if any, sentences they received.

6. Concerning the facts of the crime, briefly explain what happened.

7. What is your reason for requesting executive clemency at this time?

CRIMINAL HISTORY

List all juvenile, misdemeanor, DWI traffic violations, etc, or crimes committed outside the state of Arkansas. Do not include convictions listed in response to question 2 above.

Crime(s)	County/State	Conviction Date	Docket #	Sentence

PERSONAL BACKGROUND:

I Are you: Single Married Separated Divorced Widowed
If married, what is your spouse's full name? _____
When and where were you married? _____

2. For any previous marriages, List the following information:

Name of Spouse	Date of Marriage	Date Marriage Ended	Reason (divorce, death etc.)

3. How many children do you have?, _____ List the following information:
Name Age Address

Have you ever served in the Armed Forces? Yes No
If so, which branch? _____
What type of discharge did you receive? Honorable Dishonorable Medical Other

EDUCATIONAL BACKGROUND:

List the following information about all schools you have attended, including any vocational-technical training:

Name & Address of School	Date of Attendance	Highest Grade Completed/Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 responsibilities: _____

2. If you are currently unemployed, but on disability, please list how you became disabled (work-related injury, etc.) _____

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

Name & Address of Employer	Type of work	Dates employed	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MISCELLANEOUS INFORMATION:

1 How is your health? Excellent Good Fair Poor

2. Have you ever been confined to a mental hospital? Yes No

If yes, list the following information:

Name & Address of Institution	Date committed	Date released
_____	_____	_____
_____	_____	_____

3. Do you use any type of drugs, including prescription drugs? Yes No
If yes, list the type of drugs and the reason for their use: _____

4. Do you use alcohol? Yes No.
If yes, how often: Periodically Regularly Socially Heavily

5. Have you ever received treatment for alcohol or drug problems (example: Alcoholics Anonymous)? Yes No
If yes, please provide a brief explanation: _____

REFERENCES

list three (3) people not related to you who have known you for at least five (5) years:

Name	Address/City/State/Zip	Phone
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By signing this application, I hereby swear that the information Provided is one and accurate to the best of my knowledge.

Applicant's Signature

Date of application