



STATE OF IDAHO

COMMISSION OF PARDONS AND PAROLE

C.L. "Butch" Otter
Governor

Olivia Craven
Executive Director

PARDON APPLICATION

NAME _____ BIRTHDATE _____ SS# _____
Last First Middle

ALIASES (if any) _____ Former IDOC # _____

CRIMES FOR WHICH PARDON IS REQUESTED: (Note: You must provide the following information of any and all crimes for which you seek a Pardon.)

CRIME _____ DATE CONVICTED _____

SENTENCE _____ COUNTY _____

CRIME _____ DATE CONVICTED _____

SENTENCE _____ COUNTY _____

CRIME _____ DATE CONVICTED _____

SENTENCE _____ COUNTY _____

Describe the facts of your case by answering the statements below. Use a separate sheet of paper. Answer each item. Be specific.

1. State reasons you feel a Pardon is needed.
2. Have you been arrested for any offense since your release from this offense? If so, indicate where, when, and for what. A records check will be made. Failure to report accurate and complete information will be sufficient reason for denial of a Pardon.
3. What is your residence and employment history since offence for which you seek a Pardon?
4. It will be to your advantage to supply the Commission with letters of support from reputable members of the community who can attest to your character and activities within our community.

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5. Upon receipt of your Pardon Application, a discreet field investigation will be conducted by agents for the Commission of Pardons and Parole. The Idaho Commission of Pardons and Parole meets as a Pardon Board four times each year in the months of January, April, July, and October. After completion of the field investigation, your Pardon Hearing will be set for one of these months and will be advertised in the local newspaper four weeks prior to the Hearing.
6. It is most beneficial, though not mandatory, for your personal appearance before the Commission on the date of your Hearing. You will be notified by mail prior to your Hearing to enable you to make plans to attend, if you so wish.
7. Be assured that the Commission for Pardons and Parole is anxious to meet with you and take into consideration your Pardon Application.

Applicant's Signature

Address _____

City State Zip Code

Home Phone: () _____

Business Phone: () _____

Date: _____