



STATE OF TENNESSEE



BOARD OF PROBATION AND PAROLE

404 JAMES ROBERTSON PARKWAY
NASHVILLE TN 37243-0950
(615) 74 1-1 1150 PAX (615) 741-5337

APPLICATION FOR COMMUTATION

I, _____, am hereby applying for a Commutation. I understand that must meet all of the Governor's criteria as established.

I further understand that meeting the requirements set forth in these guidelines is merely a threshold inquiry in the consideration for Commutation relief. The final determination of whether a Commutation will be granted lies with the Governor after a review of the petition and the non-binding recommendation of the Board. The availability of commutation of sentence is not intended to serve and will not serve as a review of the proceedings of the trial court or the guilt or innocence of the petitioner.

In order to provide guidance to the Board in reviewing commutation petitions and in making its non-binding recommendations to the Governor, the Governor has established the following criteria:

COMMUTATIONS (NON-CAPITAL SENTENCES)

1. The Governor will give serious consideration to Commutation requests where the petitioner has demonstrated, by clear and convincing evidence that:

- a. The petitioner has made exceptional strides in self-development and self-improvement, and would be a law-abiding citizen; **and either**
 - i. Petitioner is suffering from a life-threatening illness or has a severe chronic disability, said illness or disability is supported by appropriate medical documentation and the relief requested would mitigate said illness or disability; **or**
 - ii. Petitioner's parent, spouse or child has a life-threatening illness, said illness is supported by appropriate medical documentation, and the petitioner is the only person able to assist in the care of such person; **or**
 - iii. Petitioner has been rehabilitated, is no longer a threat to society, has demonstrated, to the extent his age and health permit, a desire and an ability to maintain gainful employment and fairness supports the petitioner's application.

2. Petitioners eligible for medical furloughs are excepted from falling within Section 1 (a)(i) and 1(a)(ii) above.

COMMUTATIONS (CAPITAL SENTENCES)

THE GOVERNOR WILL ALSO GIVE SERIOUS CONSIDERATION TO COMMUTATION REQUESTS BASED UPON THE FOLLOWING STATUTORY GROUNDS:

- 1 Pursuant to T.C.A. Section 40-27-105, upon application for a pardon by a person sentenced to capital punishment, if the Governor is of opinion that the facts and circumstances adduced are not sufficient to warrant a total pardon, the Governor may commute the punishment of death to imprisonment for life in the penitentiary or imprisonment for life without parole in the penitentiary.
- 2 Pursuant to T.C.A. Section 40-27-106, the Governor may commute the punishment from death to imprisonment for life or imprisonment for life without parole, upon the certificate of the supreme court, entered on the minutes of the court, that in its opinion, there were extenuating circumstances attending the case, and that the punishment ought to be commuted.

REPRIEVES

The final determination of whether a reprieve will be granted lies with the Governor after a review of the petition and the non-binding recommendation of the Board.

The Governor will give serious consideration to reprieve requests where the petitioner has been sentenced to death and has exhausted all possible judicial remedies.

GENERAL INFORMATION

NAME: _____

LIST ALIAS (IF ANY): _____

DOB: ___/___/___ AGE _____ RACE: SEX SS# - -

TDOC IDENTIFICATION NUMBER: _____ LOCATION: _____

CRIMINAL INFORMATION

HAVE YOU EVER ESCAPED? YES NO

IF YES, DATE OF ESCAPE ___/___/___

DID YOU COMMIT ANY OFFENSES WHILE ON ESCAPE? YES NO

IF YES, LIST WHAT OFFENSE(S) BELOW:

OFFENSE(S)	SENTENCE(S)	COUNTY OF CONVICTION	YEAR OF CONVICTION

DO YOU HAVE ANY OUTSTANDING CHARGES (DETAINERS/WARRANTS)? YES NO

IF YES, LIST CHARGING AGENCY _____

ALLEGED OFFENSE(S): _____

DO YOU HAVE ANY UNPROCESSED SENTENCES? YES NO IF YES LIST BELOW

OFFENSE(S)	SENTENCE(S)	COUNTY OF CONVICTION	YEAR OF CONVICTION

--	--	--	--

INSTITUTIONAL INFORMATION

CUSTODY LEVEL: _____ ARE YOU EARNING SENTENCE CREDITS? YES NO

IF YES, MONTHLY CREDITS: _____ IF NO, EXPLAIN: _____

HAVE YOU BEEN CONVICTED OF A CLASS A/B DISCIPLINARY INFRACTION WITHIN THE LAST FIVE (5)

YEARS? YES NO IF YES, LIST BELOW:

OFFENSE	CONVICITON DATE	DISPOSITION

LIST YOUR PROGRAM PARTICIPATION BELOW:

PROGRAM NAME	COMPLETION DATE

PAROLE INFORMATION

HAVE YOU HAD A PAROLE HEARING? YES NO

IF YES, DATE OF HEARING: ___/___/___

HAVE YOU EVER BEEN RELEASED ON PAROLE? YES NO

IF YES, DATE: ___/___/___

DID YOU VIOLATE PAROLE? YES NO

IF YES, DATE OF REVOCATION HEARING: ___/___/___

HAVE YOU PREVIOUSLY APPLIED FOR A COMMUTATION? YES NO

IF YES, GIVE DATE: ___/___/___

EDUCATIONAL INFORMATION

HIGHEST LEVEL OF EDUCATION COMPLETED: _____

LIST VOCATIONAL TRAINING AND DATES ATTENDED:

PROGRAM NAME	COMPLETION DATE

ATTACH COPIES OF YOUR DIPLOMA, DEGREE(S), CERTIFICATE(S) OR CURRENT PROFESSIONAL LICENSE

MILITARY INFORMATION

BRANCH OF SERVICE: _____

SERVICE DATE: ____ / ____ / ____

TYPE OF DISCHARGE: _____

LIST THE TYPE OF COMMENDATION OR DECORATIONS RECEIVED:

ATTACH A COPY OF YOUR DISCHARGE WITH YOUR APPLICATION

I affirm that I have read, or had read to me and understand the Instructions, questions and statements within this application. That It has been completed in its entirety; that ALL responses made in the application or attached to the application, are true and correct to the beat of my knowledge. That In my judgment I meet ALL the criteria on which this application Is based and therefore I am applying for a Commutation under the criteria noted In this application.

Petitioner's Signature

STATE OF _____

COUNTY OF _____

Before me _____, the undersigned officer, personally appeared _____

Known to me (or satisfactory proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purpose herein contained. In witness whereof, I hereunto set my hand and official seal.

Witness my hand, this _____ day of _____ 19____

Signature of Notary

My Commission Expires: _____

If this application was completed by someone other than the applicant, the person completing the application must provide their name, address, telephone number, and relationship to the applicant in the space provided below.

NAME

ADDRESS CITY

STATE ZIP CODE

PREPARER'S SIGNATURE

RELATIONSHIP TP PETITIONER

TELEPHONE (_____)