

ELIGIBILITY RULE WAIVER REQUEST

PLEASE TYPE THIS APPLICATION

1. Complete Name _____ Date: _____

2. Date of Birth ____/____/____ Social Security Number _____

3. Type of executive clemency requested: _____ Pardon
 _____ Reprieve
 _____ Commutation

4. Have you applied for an eligibility rule waiver before? Y/N _____ If so, when? _____

5. Eligibility rule to be waived _____ You were not convicted of a felony
 _____ You are currently incarcerated
 _____ It has been less than 5 years since you completed your sentence (including all parole and probation)

6. Mailing Address

Street, Box, or Route	City	State	Zip	Telephone #

7. Home Address

Street, Box, or Route	City	State	Zip	Telephone #

8. Crimes for which you will request executive clemency if waiver is granted (use extra sheet if needed)

Crime	Date of Crime	Sentence and Sentence Length	Date of Sentence completion (including all parole and probation)
(A)			
(B)			
(C)			

9. Please describe the extraordinary circumstances that you believe warrant a waiver of the Governor's pardon Advisory board eligibility rules. **Confine your answer to the space below.**

FOR USE BY THE CHAIRMAN OF THE PARDON ADVISORY BOARD ONLY:

Grant_____ Deny_____ Signature_____ Date_____