Governor John Bel Edwards

Sheryl M. Ranatza, Board Chair

# APPLICATION FOR CLEMENCY

(Rev. August 2016)

**Please print clearly. Illegible applications will be returned to the applicant without review.**

**LAST NAME** **FIRST** **MIDDLE INITIAL** **DOC #** **Date of Birth** (mm/dd/year)

**RACE** **SEX** **EDUCATION** (highest grade completed/yr completed)

## OUTSTANDING FINES OR FEES

Does applicant have any outstanding fines or fees from any criminal conviction or traffic infraction? ☐ YES ☐ NO

**If yes, STOP – APPLICANT IS INELIGIBLE FOR CONSIDERATION**

## OFFENSE INFORMATION

AGE AT TIME OF OFFENSE: _____ PRESENT AGE: _____ OFFENDER CLASS (1ST, 2ND, 3RD, ETC.)_____

PARISH OF CONVICTION: _____ JUDICIAL DISTRICT COURT_____ DOCKET #_____

OFFENSE ORIGINALLY CHARGED WITH: _____DID OFFENDER PLEA BARGAIN ? ☐ YES ☐ NO

OFFENSE FOR WHICH CONVICTED: _____DATE SENTENCED: _____

SENTENCE: _____

(Indicate number of years/months sentenced by the judge, indicate if sentenced to DOC or parish jail)

## PREVIOUS PERIOD OF PROBATION AND/OR PAROLE SUPERVISION

Has applicant had a prior period of probation and/or parole? ☐ YES ☐ NO

IF YES, dates of supervision: _____ Probation/parole satisfactorily completed? ☐ YES ☐ NO

If not satisfactorily completed, date of revocation and reason: _____

## REASON FOR REQUESTING CLEMENCY

☐ Age ☐Time Served ☐New Evidence (**LIFERS only**) ☐Other: _____

**INCLUDE A BRIEF DESCRIPTION OF THE EVENTS SURROUNDING THE OFFENSE(S)** (Write on the back of this sheet only)

## RELIEF REQUESTED

☐Commutation ☐Parole Eligibility ☐Remission of Fines ☐ Full Pardon ☐With Firearms ☐Without Firearms

**Include a copy of sentencing minutes and/or 1st offender pardon**

## PRIOR CLEMENCY APPLCIATION INFORMATION

PRIOR CLEMENCY HEARING? ☐ YES ☐ NO IF YES, date of prior clemency hearing _____

IF YES, was a favorable recommendation received? ☐ YES ☐ NO

IF YES, was clemency approved by the Governor ? ☐ YES ☐ NO IF YES, date approved: _____

## INCARCERATION INFORMATION

CURRENTLY INCARCERATED? ☐ YES ☐ NO **IF YES**, complete section below for incarcerated applicants.

IF NOT CURRENTLY INCARCERATED, TIME SERVED: _____

(Indicate number of years/months served and date released)

## INCARCERATED APPLICANTS **(Information must be verified by institutional classification officer)**

Has applicant served at least 10 years? ☐ YES ☐ NO **If NO, STOP, APPLICANT IS INELIGIBLE FOR CONSIDERATION**

Current housing assignment (facility): _____Current custody status ☐ Minimum ☐Medium ☐Maximum

No. of disciplinary reports **last 24 months**: _____ Date of last disciplinary report: _____ Total no. of write-ups _____

Vocational Skill: _____ _____How Obtained: _____

(Indicate marketable trade/skill possessed by applicant) (Vocational training, job experience, etc.)

**VERIFIED BY CLASSIFICATION OFFICER**: _____

Classification Officer Signature Date

## REQUIRED ATTACHMENTS

| Incarcerated Applicants | Lifers | Parolees | Probationers | Capital Cases | Others |
|---|---|---|---|---|---|
| Current Master Prison Record<br>Conduct Report | Same as Incarcerated<br>New Evidence | Master Prison Record<br>or Parole Certificate | Sentencing Minutes | Direct Appeal Denial | First Offender Pardon<br>or any aforementioned |

**Pursuant to ACT 52 of the 2016 Louisiana Legislative Session, should I be granted a hearing before the Pardon Board, I agree to pay an assessment fee in the amount of $150 to the Department of Public Safety and Corrections for a Clemency Investigation to be conducted by Louisiana Probation and Parole.**

Mailing Address: _____

_____ _____

**Applicant Signature** **(Date)**

Telephone (Non-Incarcerated Applicants Only): _____