Governor John Bel Edwards

Sheryl M. Ranatza, Board Chair

APPLICATIONFOR 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 Conduct Report	Same as Incarcerated New Evidence	Master Prison Record or Parole Certificate	Sentencing Minutes	Direct Appeal Denial	First Offender Pardon 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): _____