

Application for Pardon Consideration

The Governor of the State of Louisiana may pardon only Louisiana convictions. The Governor cannot pardon a federal criminal offense or an offense from another state. If you are seeking a pardon for a conviction in another state, you should contact that state. If you are seeking a pardon for a federal conviction, you should contact the Office of the Pardon Attorney, U.S. Department of Justice, 1425 New York Ave., N.W. Suite 1100, Washington, D.C. 20530 (202) 616-6070.

The Pardon Board utilizes a two-step process for pardon review. The first stage is a qualification review. During stage 1, the Pardon Board will conduct a review of the application (as well as any other materials which may be submitted to the Board for review) to determine if it has merit and should be passed to stage 2 – pardon hearing for further investigation and consideration.

If the application is passed to stage 2, **the offender will be assessed a fee in the amount of \$150.00 payable to the Department of Public Safety & Corrections for a clemency investigation to be conducted by the Division of Probation & Parole.** After the clemency investigation is completed and the case docketed, the offender will have a personal appearance with the Pardon Board. Refer to Board Policy 02-209, "Hearings Before the Board of Pardons" for more information on the hearing process.

It is important that all items on the Application be answered and returned to the address listed below. The information you provide will help you to present yourself as a responsible and productive citizen. The Pardon Board will review this information in making a decision on your application. The process may take up to three months to complete. Please contact this office by mail or telephone if you have any questions.

Eligibility Requirements:

1. You have been convicted of a violation of Louisiana law, either a felony or misdemeanor.
2. You have no pending charges, outstanding detainers, or any pecuniary penalties or liabilities which total more than \$1,000 and result from any criminal conviction or traffic infraction.
3. You have paid all court costs which were imposed in connection with the conviction of the crime(s) for which pardon is requested.
4. You have paid all victim restitution, including but not limited to, restitution pursuant to a court or civil judgment or by order of the Committee on Parole.
5. You are not currently in jail or prison.
6. You must have discharged all sentences, including any type of supervision.
7. You cannot have been considered for a Pardon within the past two years.

Completing the Application

The applicant should take the following steps in completing the application:

1. Type or print the answers in ink. If the application is illegible, it will be returned and will not be processed.
2. It is the applicant's responsibility to submit a completed application. The application will not be processed until it is complete. If the application is not complete, the applicant will be notified about the missing information.
3. Each question must be answered fully, truthfully, and accurately.

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4. If the space provided for any answer is insufficient, the answer may be completed on the Optional Continuation Page or on a separate sheet of paper, list the question number, and attached to the application.
5. Additional documentation that is relevant to the application may also be attached, including:
 - a. Letters of support on behalf of the applicant with the application.
 - b. If the applicant was in the military, include the military's DD-214 with the application.
 - c. Other attachments that the applicant would like to include may be attached.
6. Application forms must be filled out completely, signed, dated, and notarized where required.
7. The submission of any false information is grounds for immediate denial of the application.
8. Do not include the instructions when submitting the application (pages 1-2).
9. Do not staple or bind the application in any way.

**APPLICANTS SHOULD KEEP A COPY OF THE COMPLETE APPLICATION
AND ANY ADDED ATTACHMENTS!**

Submitting the Application

Send the completed Application package to:

Board of Pardons
Post Office Box 94304
Baton Rouge, LA 70804

Questions

See the FAQ on the Board's webpage at www.doc.la.gov/louisiana-board-of-pardons-and-parole/
Call our office at (225) 342-6622 (select menu option "5")

Timeline

Once a completed application is submitted, the commutation will be placed on the next available docket for the Stage 1 Qualification Review. Depending on the date of receipt of the application, the next available docket may be thirty (30) to forty-five (45) days.

THE FOLLOWING ITEMS MUST BE SENT IN WITH YOUR APPLICATION FOR IT TO BE CONSIDERED COMPLETE:

1. **Certified Judgment & Sentence** on each conviction you wish to have Pardoned (obtainable from the Court Clerk in the Parish of conviction; copies must bear the Clerk's Seal);
2. **Certified statement from the Court Clerk** that all restitution, fines, fees, and court costs have been paid in full (must bear the Clerk's Seal).
3. **Current credit report** (current within 90 days) (www.freeannualcreditreport.com);
4. **Proof of employment or income** (if you receive any income send a copy of the latest statement showing the type of income and the amount, i.e. unemployment or SSI); and
5. **Proof of residence** (current receipt for rent or mortgage payments, lease agreement, or property tax assessment – NOT utility/cable bills).
6. **Certified Copy of First Offender Pardon** (if applicable)

Please note that the submission of an application does not imply or guarantee that the Pardon Board will favorably recommend a pardon and/or that the Governor will approve the Board's recommendation.

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5. If you appealed your conviction or sentence, provide the date of the decision(s) by the Court of Criminal Appeals. Also provide citations to any published judicial opinion(s), and a copy of any unpublished opinion(s), if available.

6. Provide a complete and detailed account of the offense(s). You are expected to describe in your own words the relevant factual circumstances of the offense(s). Do not simply repeat the description of the offense contained in the Criminal Information or Judgment & Sentence, or rely on the statutory citation alone. If the conviction resulted from a plea agreement, you should describe the full extent of your involvement in the criminal conduct, in addition to the charge(s) to which you pled guilty. If you need more space, use the optional continuation page.

RELIEF REQUESTED/REASON(S) FOR SEEKING A PARDON

7. Indicate below the specific relief requested. State in full your reason(s) for seeking a pardon. Please keep in mind that a pardon is ordinarily a sign of forgiveness, not vindication. If you need more space, use the optional continuation page(s).

- ☐ Full Pardon, with restoration of firearms
☐ Pardon without restoration of firearms
☐ Remission of fines/forfeitures

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PRIOR AND SUBSEQUENT CRIMINAL RECORD

8. Aside from the offense(s) for which you seek a Pardon, have you ever been arrested, taken into custody, held for investigation or questioning, charged by any law enforcement authority, or convicted in any court, either as a juvenile or an adult, for any other incident? ☐ **yes** ☐ **no**

For each such incident, state the following: the date, the nature of the charge, the relevant facts, the law enforcement authority involved, the location, and the disposition of the incident. You must list every incident, including traffic violations. You are expected to describe in your own words the relevant facts of each incident. Any omission will be considered a false statement and will be grounds for denial of your application.

BIOGRAPHICAL INFORMATION

9. Current marital status: ☐ never married ☐ married ☐ divorced ☐ widowed ☐ separated

For each marriage, state the following: name of spouse, date and place of marriage, and if applicable date and place of divorce. If you need more space, use the optional continuation page(s).

<i>name of spouse/former spouse</i>	<i>date/place of marriage</i>	<i>date/place of divorce</i>
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<i>name of former spouse</i>	<i>date/place of marriage</i>	<i>date/place of divorce</i>
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10. If you have minor children, but do not have custody of one or more of them, indicate whether and to whom you pay child support, whether your payments are current, and, if not, the reason for your failure to pay and any agreements you have made to satisfy your payment obligation.

11. List all schools you have attended since your conviction, beginning with the most recent and working backward. Indicate the type of degree or diploma received or anticipated and the date of completion. If you need more space, use the optional continuation page(s).

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12. Provide the full address of every place you have lived in the past five (5) years, beginning with the present and working backward. All time periods must be accounted for. List the physical location; do not use a post office box as an address. If you live(d) in an apartment complex, list your apartment number. If you need more space, use the optional continuation page(s).

13. List all periods of employment and unemployment since the conviction or release from incarceration, beginning with the present and working backward. All time periods must be accounted for. List all full and part-time work, self-employment, and any period of unemployment. For any period of unemployment, indicate your means of support. If you need more space, use the optional continuation page(s).

a. Since your conviction, have you been fired or left a job following allegations of misconduct or unsatisfactory job performance? ☐ **yes** ☐ **no**

b. Have you ever failed to list your conviction, or any other arrest, on any employment or other application where such information was requested? ☐ **yes** ☐ **no**

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If you answered yes to either of the above questions, provide the employer's name, address and telephone number, and explain fully below the circumstances involved. If you need more space, use the optional continuation page(s).

SUBSTANCE ABUSE AND MENTAL HEALTH INFORMATION

14. Have you ever used any illegal drug(s) or abused prescription drugs or alcohol? ☐ yes ☐ no If yes, identify the drug(s) used, the dates of drug or alcohol abuse, and the frequency of such use. If you need more space, use the optional continuation page(s).

15. Have you ever been involved in the illegal manufacture, sale, or distribution of drugs other than the offense(s) for which you seek a Pardon? ☐ **yes** ☐ **no**

If yes, provide complete details of your involvement. If you need more space, use the optional continuation page(s).

16. Have you ever sought or participated in counseling, treatment, or a rehabilitation program for drug use or alcohol use? ☐ **yes** ☐ **no**

If yes, identify the date(s) of treatment or counseling and the name of the treatment provider. If you need more space, use the optional continuation page(s).

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17. Have you ever consulted with a mental health professional (psychiatrist, psychologist, or counselor), or another health care provider, concerning a mental health related condition? ☐ **yes** ☐ **no**

CIVIL AND FINANCIAL INFORMATION

18. Are you currently in default or delinquent in any way in the payment or discharge of any debt or financial obligation imposed upon you? ☐ **yes** ☐ **no**

If yes, state the amount of the debt, the name of the creditor, the reason for the failure to pay, and the terms of any agreement(s) you have made to satisfy the obligation. If you need more space, use the optional continuation page(s).

19. Have any liens (including federal or state tax liens) been filed against you? ☐ **yes** ☐ **no**

If yes, state the amount of the lien, the name of the lien holder, the reason the lien was imposed and the current status of the lien. If you need more space, use the optional continuation page(s).

20. Have you ever been a party in a civil lawsuit? ☐ **yes** ☐ **no**

If yes, identify the court in which it was filed, the case number, the nature of the dispute and the final disposition. If you need more space, use the optional continuation page(s).

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21. Have you ever filed for the discharge of your debts in bankruptcy court? ☐ **yes** ☐ **no**

If yes, state the court in which the petition was filed, the case number, the amount of debt sought to be discharged, the final disposition and the date of disposition. If you need more space, use the optional continuation page(s).

22. Do you have any pending judicial or administrative proceedings with the federal, state or local governments? ☐ **yes** ☐ **no**

If yes, state the name of the authority involved, the jurisdiction in which the proceeding is pending, the case number, the nature of the proceeding, and the current status of the matter. If you need more space, use the optional continuation page(s).

MILITARY RECORD

23. Have you ever served in the armed forces of the United States? ☐ **yes** ☐ **no**

Date(s) of service: _____

Branch(es): _____

Serial Number: _____

Type of Discharge: _____

Decoration (if any): _____

If you were other than Honorably Discharged, describe in detail the factual circumstances surrounding your discharge. If you need more space, use the optional continuation page(s). Attach a copy of your separation papers (Form DD-214), if available.

24. While serving in the armed forces, did you receive non-judicial punishment, or were you the defendant in any court-martial? ☐ **yes** ☐ **no**

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If yes, state fully the nature of the charge, the relevant facts, the disposition of the proceedings, and the date thereof. If you were convicted of an offense by court-martial, provide a copy of the court-martial promulgating order. If you need more space, use the optional continuation page(s).

OCCUPATIONAL LICENSING

25. Have you ever been denied any type of business or professional license, had any such license revoked, or had reinstatement of any such license denied? ☐ **yes** ☐ **no**

If yes, attach a copy of the document(s) evidencing the action and state below the name of the authority taking the action. If you need more space, use the optional continuation page(s).

26. Have you ever been granted any type of business or professional license or received the reinstatement of any such license that had been revoked? **yes** ☐ **no** ☐

If yes, attach a copy of the document(s) evidencing the action and state below the name of the authority taking the action. If you need more space, use the optional continuation page(s).

CHARITABLE AND COMMUNITY ACTIVITIES

27. Describe any charitable or civic activities in which you have been engaged, or other contributions you have made to the community, since your conviction. In this regard, you may include the names of any organizations in which you have participated, the time periods of your participation, and your role in these activities. If you need more space, use the optional continuation page(s).

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CERTIFICATION AND PERSONAL OATH

I hereby certify that all answers to the above questions and all statements contained herein are true and correct to the best of my knowledge, information, and belief. I understand that any intentional misstatement of material facts contained in this application may cause adverse action on my application for pardon. In making application for a pardon from the Governor of the State of Louisiana, I do solemnly swear that I will be a law-abiding citizen and that I take this obligation freely and without any mental reservation whatsoever.

Respectfully submitted this _____ day of _____, _____.
(day) (month) (year)

(signature of applicant)

Subscribed and sworn before me this _____ day of _____, _____.
(day) (month) (year)

Notary Public

My commission expires: _____

My commission number is: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then complete, sign and date it in ink. I authorize any duly accredited representative of the Louisiana Pardon and Parole Board or the Louisiana Department of Corrections, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, courts, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history, arrest, conviction, including the pre-sentence investigation report, if any, medical, psychiatric/psychological, health care, financial and credit information.

I understand that, for financial or lending institutions and certain other sources of information, a separate specific release may be needed (pursuant to their request or as may be required by law), and I may be contacted for such a release at a later date.

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I further authorize the Louisiana Pardon and Parole Board or the Louisiana Department of Corrections, or any other authorized state agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my suitability for a Pardon.

I authorize custodians of records and sources of information pertaining to me to release such information upon request of any duly accredited representative of the Louisiana Pardon and Parole Board or the Louisiana Department of Corrections or any state agency authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the State of Louisiana only for the purposes of processing my application for a pardon, and may be re-disclosed by the State of Louisiana only as authorized by law.

I understand that pursuant to Act 52 of the 2016 Legislative session, should my application advance to Stage 2 of the process, I agree to pay an assessment fee of \$150.00 to the Louisiana Department of Public Safety & Corrections for a clemency investigation to be conducted by the Division of Probation & Parole.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for one (1) year from the date signed.

Signature (in ink, blue or black)

Date signed

Full name (typed or printed)

Other names used

Street address

City State Zip Code

Phone number (with area code)

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OPTIONAL CONTINUATION PAGE

List question number for each response.

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a guide for writing. There are no margins, text, or other markings on the paper.

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CHARACTER AFFIDAVIT ON BEHALF OF

(print or type name of applicant)

In support of the application of the above-named applicant for a Pardon from the Governor of the State of Louisiana. I, _____

(print or type name of affiant/reference)

residing at _____
Number Street City State Zip Code
_____, whose occupation is _____,
(telephone number with area code)

Certify that I have personally known the applicant for _____ years. Except as otherwise indicated below, applicant has behaved since the conviction in a moral and law-abiding manner. My knowledge of applicant's reputation, conduct and activities, including whether the applicant has been arrested or had any other trouble with the public authorities and has been steadily employed, is as follows:

I do solemnly swear that the foregoing information is true and correct to the best of my knowledge, information and belief.

(signature of affiant)

Subscribed and sworn before me this _____ day of _____, _____.
(day) (month) (year)

Notary Public

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