## LOUISIANA BOARD OF PARDONS COMMUTATION INFORMATION AND INSTRUCTIONS

#### **General Information for a Commutation of Sentence**

In Louisiana, only the Governor can grant a commutation of sentence after a favorable recommendation from the Pardon Board. Applying does not imply or guarantee that the Pardon Board will favorably recommend a commutation or that the Governor will approve the recommendation.

#### Eligibility

Commutation of Sentence. A person may not be considered for a commutation of sentence unless he or she has been granted a hearing by the Pardon Board and has had his or her case placed upon a Pardon Board docket. A person who is serving a life sentence resulting from a commutation of sentence of death shall not thereafter be eligible to apply for a commutation of sentence to a specific number of years. An executive pardon shall not be considered for an incarcerated applicant except when exceptional circumstances exist.

- 1. An incarcerated applicant who is not serving a life sentence for a non-violent offense may request a commutation of sentence:
  - a. at any time; and
  - b. must have been disciplinary report-free for a period of at least 36 months prior to the date of the application or at the time of the hearing; and
  - c. must not be classified to maximum custody status at the time of the application or at the time of the hearing; and
  - d. must possess a marketable job skill, either through previous employment history or successful completion of vocational training while incarcerated.
- 2. An incarcerated application who is not serving a life sentence but who is serving a sentence for a violent offense as defined in R.S. 14:2(B) or a sex offense as defined in R.S. 15:541 may request a commutation of sentence:
  - a. after having served a minimum of 10 years; and
  - b. must have been disciplinary report-free for a period of at least 36 months prior to the date of the application or at the time of the hearing; and
  - c. must not be classified to maximum custody status at the time of the application or at the time of the hearing; and
  - d. must possess a marketable job skill, either through previous employment history or successful completion of vocational training while incarcerated.
- 3. An incarcerated applicant who is serving a life sentence for a non-violent offense may request a commutation of sentence:
  - after having served a minimum of 15 years (The 15 years shall include periods of time prior to the imposition of the sentence in which the applicant was in actual custody for the offense for which he or she was sentenced to life imprisonment); and
  - b. must have been disciplinary report-free for a period of at least 36 months prior to the date of the application or at the time of the hearing; and
  - c. must not be classified to maximum custody status at the time of the application or at the time of the hearing; and
  - d. must possess a marketable job skill, either through previous employment history or successful completion of vocational training while incarcerated, unless deemed unable to work due to medical or mental health conditions.
- 4. An incarcerated applicant who is serving a life sentence for a violent offense as defined in R.S. 14:2(B) or a sex offense as defined in R.S. 15:541 may request a commutation of sentence:

- after having served a minimum of 25 years (The 25 years shall include periods of time prior to the imposition of the sentence in which the applicant was in actual custody for the offense for which he or she was sentenced to life imprisonment); and
- b. must have been disciplinary report-free for a period of at least 36 months prior to the date of the application or at the time of the hearing; and
- c. must not be classified to maximum custody status at the time of the application or at the time of the hearing; and
- d. must possess a marketable job skill, either through previous employment history or successful completion of vocational training while incarcerated, unless deemed unable to work due to medical or mental health conditions.

Capital Cases. No application for commutation of a death sentence to life without parole should be filed before the applicant's direct appeal of the conviction and sentence has been denied and the applicant has served 25 years from the date of sentence. The 25 years shall not include periods of time prior to the imposition of a sentence in which the applicant was in actual custody for the offense for which they were sentenced to death.

In addition to the application, the applicant must submit the following information:

- a. certified copies of the indictment, judgment, verdict of the jury, and sentence in the case;
- b. a brief statement of the offense for which the applicant has been sentenced to death:
- c. a brief statement of the appellate history of the case, including its current status;
- d. a brief statement of the legal issues which have been raised during the judicial progress of the case;
- e. a brief statement of the effect of the applicant's crime upon the family of the victim.

Once the application has been reviewed and accepted by Board staff, the applicant will be notified to run an advertisement in the official journal where the offense occurred. The applicant must provide the Board's office with proof of the advertisement within 90 days from the date of the notice. Once proof of advertisement is received, the applicant will be assessed a fee of \$200.00 payable to the Department of Public Safety & Corrections for a clemency investigation to be conducted by the Division of Probation and Parole. After completion of the investigation, the case will be docketed. If the applicant receives a disciplinary write-up during any part of the process, the application will be closed.

Refer to Board Policy 02-209, "Hearings Before the Board of Pardons," for more information regarding the hearing process. A copy of the Board's policy is available to the applicant through their facility's law library.

All letters of support must be received by the Board's office within 30 days of the applicant's scheduled hearing date. Letters may be typed or handwritten on one side of the page only. Please do not staple or bind the letters together. Letters must include the applicant's name and DOC number.

During the investigation process, the victim(s) and/or victim's representative(s), the judicial representative and district attorney from the parish of conviction, the arresting law enforcement agency, and the attorney general's office will be notified and asked to make any comments regarding the applicant's request.

Once a hearing has been scheduled, the applicant will appear before the Pardon Board either in person or via videoconferencing at the applicant's housing facility. During the hearing, the Board will make their decision to either make a favorable recommendation to the Governor or deny the applicant's request. If a favorable recommendation is made, the application will be forwarded to the Governor's office. The Governor will make the final decision to either grant or deny the recommendation.

## **Submitting Applications**

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

- 1. It is the applicant's responsibility to submit a completed application. The application will not be processed until it has been completed. If any required information does not apply to the applicant, the correct response should be "N/A."
- 2. The applicant will be notified if there is any missing information on the application.
- 3. If an application is illegible, it will not be processed and returned to the applicant. Answers are to be typed out or written in ink.
- 4. Each question must be answered fully, truthfully, and accurately. The submission of any false information is grounds for an immediate denial of the application.
- 5. If the space provided for any answer is insufficient, the answer may be completed on the "optional continuation page" or a separate sheet of paper. The question number must be indicated next to the answer.
- 6. Additional documentation that is relevant to the application may also be attached, including:
  - a. letters of support on behalf of the applicant
  - b. a copy of the applicant's military DD-214, if applicable
  - c. a copy of the applicant's DOC conduct summary report
- 7. Applications must be signed, dated, and notarized where required.
- 9. Do not staple or bind together the application in any way.
- 10. Applicants are encouraged to keep a copy of the submitted application and any additional attachments.

PLEASE MAIL COMPLETED APPLICATIONS TO:

P.O. Box 94304
Baton Rouge, LA 70804

# LOUISIANA BOARD OF PARDONS APPLICATION FOR CLEMENCY – COMMUTATION OF SENTENCE

## **GENERAL INFORMATION**

Name:					
	First	Middle		Last	Suffix (i.e. Jr.)
Facility:					
Facility Addr	ess:				
City:		State:		Zip:	
Date of Birth	ı:		Place of Bi	rth:	
Gender:	□ Male □ Fe	emale	DOC #:		
	_		•	□ Widowed	
If you have o	hildren, list the r	number of childre	en that you have	under and over	the age of 18.
				g your maiden n	ame, name(s) by a forme
•			□ Yes , list your nationa		gistration Number.
<b>B.</b> I	f you are a natur	alized citizen of	the U.S., list the	date and location	of your naturalization.
		ommutation befo		□ No ch you've previou	ısly applied.
		SUI	BSTANCE ABUS	E	
<b>4.</b> Have you or alcohol us		oarticipated in co s □ No	ounseling, treatn	nent, or a rehabil	itation program for drug
If so, was the	e consultation: $\square$	prior to your ind	carceration <b>or</b> $\square$	during the currer	nt period of incarceration

## **MILITARY RECORD**

	ed Forces of the United States?	? □ Yes □ No		
If yes, please provide the following information:  A. Date(s) of service:  B. Branch(es):				
D. Type of Discharge:				
arge. If available, attach a	copy of your separation papers	s (DD Form 214). <i>If additional space</i>		
While serving in the U.S.	•	you receive non-judicial punishment		
you were convicted of an atting order. If additional span	offense by court-martial, provi	de a copy of the court-martial  I continuation page" and provide the		
mber (Docket Number)	Offense	Parish of Conviction		
	Decoration (if any):  While serving in the U.S. or were you ever the defetting order. If additional spanner.	Date(s) of service: Branch(es): Serial Number: Type of Discharge: Type of Discharged, describe in detail the Discharge of Type		

**8.** Were there accomplices involved in any of the offenses listed above? If so, list the name(s) and sentence(s) they received, if applicable.

Name of Accomplice(s)	Sentence of Accomplice(s)	Offense
9. Are there any victim(s) of your A. If yes, how many?	crime? □ Yes □ No	
	m(s) at the time of the offense?	□ Yes □ No
	ationship?	
	ACCOUNT OF THE OFFENSE	
the best of your knowledge and re	n account of each conviction you ar collection, describe your involveme "optional continuation page" and	ent in the criminal activity. If

## REASON(S) FOR SEEKING A COMMUTATION

<b>11.</b> The court sentenced you for a crime(s) for which you committed. Please explain why you are now seeking to reduce your through a commutation. <i>If additional space is needed, use the "optional continuation page" and provide the answer number.</i>
INSTITUTIONAL INFORMATION
<b>12.</b> List all programs you have completed since your incarceration. <b>Note:</b> If you were assessed for programming and did not receive an opportunity to participate, state the reason(s) why. If additional space is needed, use the "optional continuation page" and provide the answer number.
<b>13.</b> Were you ever dismissed, removed, or transferred from a program due to allegations of misconduct or unsatisfactory performance? ☐ Yes ☐ No If yes, list the program(s), date(s) of enrollment, date(s) of dismissal, and state the reason why. <i>If</i> additional space is needed, use the "optional continuation page" and provide the answer number.
<b>14.</b> What is your current work assignment and how long you have been on the assignment? If you are unable to work, explain why. <i>If additional space is needed, use the "optional continuation page" and provide the answer number.</i>
<b>15.</b> Since your conviction, have you been terminated from a work detail, suspended from a work detail or transferred due to allegations of misconduct or unsatisfactory job performance? □ Yes □ No If yes, explain in your own words why you were terminated, suspended, or transferred.

uch as volunteer work, commun optional continuation page" and	lity service, mentoring others, etc. <i>If a</i> dd provide the answer number.	dditional space is needed, use t
	and the outcomes you have received luct summary report, please indicate b	
Date Received	Rule Violation Number	Penalty Imposed
 nis section must be verified as a	ccurate by a classification officer at the	e facility you are currently at. <b>E</b>
_	fying that the above information is ac	
lassification Officer Signature	<del></del>	 Date

Name of Applicant:

#### **CERTIFICATION AND PERSONAL OATH**

I certify that all statements and answers contained herein are true and accurate to the best of my knowledge and with the information provided. I understand that any intentional misstatement of material facts contained in this application may cause adverse action to my application for commutation.

I understand that there is no appeal process upon denial of an application for commutation.

I understand that Louisiana Law requires that I pay an assessment fee of \$200.00 to the Louisiana Department of Public Safety & Corrections for a clemency investigation that will be conducted by the Division of Probation & Parole.

I have read and understand the commutation application instructions. By signing and submitting this application, I understand and voluntarily accept the terms of the commutation if it is approved. In making the application for a commutation 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.

rtaine or Applicant.				_
Signature of Applicant: _				_
Date:				_
	(Month, I	Day, Year)		
NOTARY				
Subscribed and sworn be	efore me on this _	day	of	,
			Month	
		Notary P	ublic	
My commission expires:			<del></del>	
My commission number	is:			

#### **AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize any duly accredited representative of the Louisiana Board of Pardons and Committee on Parole and/or the Louisiana Department of Public Safety & 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, achievement, performance, attendance, and disciplinary; residential history, employment history, criminal history, including arrest, charges, conviction, and the pre-sentence investigation report, if any, medical, psychiatric/psychological and/or other, health care records; and financial, and credit information.

I understand that, for financial or lending institutions, medical providers, 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.

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

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 and/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 to process my application for a commutation, and may be re-disclosed by the State of Louisiana only as authorized by law.

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.

Applicant's Printed Name	
 Applicant's Signature	
 Date Signed	

## **OPTIONAL CONTINUATION PAGE**

Applicants must list the question number for each response in which the optional continuation page is used for. Multiple optional continuation pages are acceptable.

Question #:	