

**LOUISIANA BOARD OF PARDONS
PARDON INFORMATION AND INSTRUCTIONS**

General Information for Pardon Consideration

The Governor of Louisiana can only grant pardons for convictions within the state. The Governor has no authority to pardon federal offenses or those from other states. If you are seeking a pardon for a conviction in another state, you must contact that state's authorities. For federal convictions, please contact the Office of the Pardon Attorney at the U.S. Department of Justice, located at 1425 New York Ave., N.W. Suite 1100, Washington, D.C. 20530 (202) 616-6070.

Eligibility Requirements

Pardon. An executive pardon is a full pardon that unconditionally releases a person from punishment and forgives guilt for any Louisiana convictions. It restores an applicant to all of the rights of citizenship possessed by the person before his or her conviction, including the right to own, possess, or use firearms. An executive pardon shall not be considered for an applicant who is imprisoned except when exceptional circumstances exist.

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 that 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 currently not incarcerated.
6. You must have discharged all sentences, including any type of supervision.

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 wishes to withdraw their application at any time during the process, they may do so by notifying the Board staff.

For more information about the hearing process, refer to Board Policy 02-209, "*Hearings Before the Board of Pardons.*"

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, the 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. 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.**

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH YOUR APPLICATION FOR IT TO BE ACCEPTED:

1. Certified Judgement & Sentence for every conviction you seek to have pardoned (must be obtained from the Clerk of Court in the parish of conviction; copies should include the Clerk's seal);
2. Certified statement from the Clerk of Court indicating that all restitution, fines, fees, and court costs have been paid in full (with Clerk's seal);
3. Current credit report (dated within the last 90 days);
4. Proof of employment or income;
5. Proof of residence;
6. If applicable, a certified copy of your First Offender Pardon.

PLEASE MAIL COMPLETED APPLICATIONS TO:

**Louisiana Board of Pardons
P.O. Box 94304
Baton Rouge, LA 70804**

OFFENSE(S) FOR WHICH PARDON IS SOUGHT²

Please review the application instructions (eligibility criteria) to make sure you are eligible to apply for a Pardon. You must meet all the eligibility criteria on all convictions. Failure to meet the eligibility criteria will result in the application being denied/returned to you.

2. Applicant was convicted on a plea of _____ in the District Court
(guilty, not guilty, or nolo contendere)
of _____ in case number _____ of the crime of:
(Parish)

(specific offense as named on the Judgment & Sentence; and statute violated, if known)

and was sentenced on _____, _____ to:
(month/day) (year)

- imprisonment for _____,
(days, months, years)
- supervision/probation for _____,
(days, months, years)
- a fine of \$ _____,
- restitution of \$ _____.

Applicant was _____ years of age when the offense was committed.

Applicant (did or did not) appeal the conviction.

3. Applicant began serving the sentence of (imprisonment or supervision/probation) on
_____, _____ and discharged the sentence on _____, _____.
(month/day) (year) (month/day) (year)

If applicant was placed on parole or probation supervision, was the period of supervision revoked for any reason? yes no

If yes, indicate date of revocation and reason for revocation.

4. Indicate the date(s) on which the fine or restitution was paid. If the fine or restitution has not been paid in full, you are not eligible to apply for a Pardon.

² Questions number 2 through 6 must be answered for every Louisiana conviction. You must apply for pardon on all Louisiana convictions. If additional space is needed, you may use the optional continuation page or attach separate pages when answering questions 2 through 6 for multiple convictions.

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

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).

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.

Name of Applicant: _____

Signature of Applicant: _____

Date: _____

(Month, Day, Year)

NOTARY

Subscribed and sworn before me on this _____ day of _____, _____.

Day Month Year

Notary Public

My commission expires: _____

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

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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

My commission expires: _____
My commission number is: _____

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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

My commission expires: _____

My commission number is: _____