

# South Dakota Board of Pardons And Paroles

## Application for Executive Clemency

Complete all fields or mark as not applicable (N/A).

Name: \_\_\_\_\_

Other names you have used: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: M F

Social Security Number: \_\_\_\_\_ U. S Citizen: Yes No

Have you made previous application for Executive Clemency? Yes No

If answer to the above is **YES**, when and in what state? \_\_\_\_\_

### **Please check the appropriate box for which you are applying:**

Pardon  Exceptional Pardon  Reprieve, or Remission of Fine

Crime or Offense: \_\_\_\_\_ Felony:  Misdemeanor:

Date crime committed: (month/day/year) \_\_\_\_\_

Date of conviction: (month/day/year) \_\_\_\_\_ County of conviction: \_\_\_\_\_

Name of Prosecuting Attorney: \_\_\_\_\_

Address of Prosecuting Attorney: \_\_\_\_\_

Name of Sentencing Judge: \_\_\_\_\_

Address of Sentencing Judge: \_\_\_\_\_

Name of Defense Attorney: \_\_\_\_\_

Address of Defense Attorney: \_\_\_\_\_

Sentence received: \_\_\_\_\_

Jail Time: \_\_\_\_\_ Penitentiary Time: \_\_\_\_\_ Probation: \_\_\_\_\_

Place and Dates of Time Served: \_\_\_\_\_

Beginning Date of Parole: \_\_\_\_\_ Ending Date of Parole: \_\_\_\_\_

Beginning Date of Probation: \_\_\_\_\_ Ending Date of Probation: \_\_\_\_\_

Date of Probation/Parole Violation: (if applicable) \_\_\_\_\_

Name of Probation/Parole Officer: \_\_\_\_\_

Address of Probation/Parole Officer: \_\_\_\_\_

Address at time of charge and conviction:

\_\_\_\_\_  
Street City State Zip Code

What was your marital status at the time of your conviction? \_\_\_\_\_

Were you ordered by the Court to pay any of the following?

Ordered:  Court Cost: \$ \_\_\_\_\_  Fines: \$ \_\_\_\_\_  Restitution: \$ \_\_\_\_\_

Paid:  Court Cost: \$ \_\_\_\_\_  Fines: \$ \_\_\_\_\_  Restitution: \$ \_\_\_\_\_

Balance:  Court Cost: \$ \_\_\_\_\_  Fines: \$ \_\_\_\_\_  Restitution: \$ \_\_\_\_\_

Were you ordered to pay Attorney's Fees: Yes No

Amount Ordered: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

**Other offense(s):**

Excluding the offense(s) you are requesting clemency on, have you been arrested, charged, or convicted at any other time? (You must answer this question even if you received a suspended imposition of sentence.) Yes No

If your answer to the above question is **YES**, provide the following information for each offense. (Use attached sheets if necessary.)

1. Were you arrested charged convicted? Offense: \_\_\_\_\_

2. Date of Offense: \_\_\_\_\_

3. Sentence Received: \_\_\_\_\_

4. Terms of Sentence: \_\_\_\_\_

5. County and state where convicted or charged: \_\_\_\_\_

6. Place and dates of incarceration and/or dates of probation or parole: \_\_\_\_\_

7. Amount of restitution, court cost, and attorney's fees ordered and amount paid:

a. Restitution Ordered: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

b. Court Cost Ordered: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

c. Attorney's Fees Ordered: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

d. Fines Ordered: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

**Family and Financial Information:**

Marital status at present: \_\_\_\_\_

Spouse's name, address and telephone number (if other than your own):

\_\_\_\_\_  
List names and present addresses of any previous spouses and dates of divorce or separation:

Names and ages of dependents presently living with you:

Names, ages, and addresses of dependents not living with you:

List any alimony or child support payments you were ordered to make:

Amount of alimony or child support you are presently paying: \_\_\_\_\_

Are you delinquent in child support payments: Yes No If yes, amount: \_\_\_\_\_

Are you delinquent in alimony payments: Yes No If yes, amount: \_\_\_\_\_

Are you or any of your dependents now receiving any public assistance (welfare benefits, Social Security, disability, etc.)? Yes No If so, give reason:

Amount of public assistance received per month: \$ \_\_\_\_\_

Did you file a federal income tax return last year:    Yes    No

If no, please explain why not: \_\_\_\_\_

Next previous year:    Yes    No If no, please explain why not: \_\_\_\_\_

Next previous year:    Yes    No If no, please explain why not: \_\_\_\_\_

**Employment:** Provide the following information about your employment since your conviction. List your present job first. Attach additional sheets when necessary. (Must be a complete history, explain all gaps in employment.)

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Trade or job description: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

**Previous Employment:**

1. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Trade or job description: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for job change: \_\_\_\_\_

2. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Trade or job description: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for job change: \_\_\_\_\_

3. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Trade or job description: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for job change: \_\_\_\_\_

4. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Trade or job description: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for job change: \_\_\_\_\_

**Activities/Community Service:**

Provide a brief description of your lifestyle by listing organizations you belong to, hobbies and special interests:

List honors, awards or achievements since your conviction (Please attach copies of certificates):

List community service or volunteer service projects you have participated in since your conviction:

**References:** Provide the names, addresses and telephone numbers of three persons (not relatives or convicted felons) who know you well and would serve as references:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Alcohol/Drug Use or Abuse:**

Have you ever been addicted to or abused alcohol or drugs of any type?      Yes      No

If you checked **YES** above, complete the following:

a. Kind of addiction or abuse: \_\_\_\_\_

b. Dates of addiction or abuse: \_\_\_\_\_

c. Did you complete a treatment program?      Yes      No

d. Description of services received and dates: \_\_\_\_\_

\_\_\_\_\_

e. Please attach a copy of program completion certificate(s).

**Mental Health:**

Have you received services within the community for Mental Health issues?      Yes      No

If you checked **YES** above, complete the following:

a. Type of services: \_\_\_\_\_

b. Dates of services: \_\_\_\_\_

c. Did you complete a program?      Yes      No

d. Description of services received and dates: \_\_\_\_\_

\_\_\_\_\_

e. Please attach a copy of program completion certificate(s).

**FIREARMS**

Are you requesting the restoration of your right to own and/or possess firearms?      Yes      No

**WARNING:** Federal law governs ownership or possession of a firearm by persons convicted of a felony under state law. In most cases, it is a federal crime for persons convicted of a felony and certain misdemeanors under state law to own or possess a firearm. Before purchasing or possessing a firearm, you should seek the advice of an attorney or contact the Bureau of Alcohol, Tobacco, Firearms & Explosives, 325 South 1st Avenue, Suite 201, Sioux Falls, SD 57104, (605) 782-8200, to determine whether you may lawfully own or possess a firearm.

Please provide a brief statement as to why you are requesting your firearms rights returned:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_