**SOUTH DAKOTA BOARD OF PARDONS AND PAROLES EXPEDITED APPLICATION FOR A STATE PARDON**

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

Name at the time of conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name currently used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C/O (attorney/representee representing client for this Pardon):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone number(s): Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Male or Female Are you a United States citizen? Yes or No

Social Security Number: \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_

Previous names:

 State in full, every other name by which you have been known. (i.e., include your maiden name, name by a former marriage, aliases, and nicknames). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever applied for Executive Clemency before?

Yes or No

If YES, state the crime for which you sought clemency, the state in which clemency was sought, the date you applied, and the date you were notified of the disposition (outcome) of your application. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTENTION Attorney/ representee:**

**If you are an attorney/ representee and are representing the client on this application, please fill in the client’s name at the time of conviction and name currently used. Fill in the C/O section with your information. Proceed with your business address, phone numbers and email address sections, then proceed with the client’s information for the rest of the application.**

**OFFENSE FOR WHICH CLEMENCY IS SOUGHT**

**Use additional page 2’s for each conviction you are requesting clemency on if necessary.**

Offense for which clemency is sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Sentencing judge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Location of jail time served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of time served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beginning date and end date of probation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and description of probation violation and sanction received: (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you were ordered to pay any of the following, please indicate amount ordered, amount you have paid to date, and the balance remaining:

Court costs: Amount ordered: $\_\_\_\_\_\_\_ Paid: $\_\_\_\_\_\_\_ Balance: $\_\_\_\_\_\_

Fines: Amount ordered: $\_\_\_\_\_\_\_ Paid: $\_\_\_\_\_\_\_ Balance: $\_\_\_\_\_\_

 Restitution: Amount ordered: $\_\_\_\_\_\_\_ Paid: $\_\_\_\_\_\_\_ Balance: $\_\_\_\_\_\_

Attorney’s Fees: Amount ordered: $\_\_\_\_\_\_\_ Paid: $\_\_\_\_\_\_\_ Balance: $\_\_\_\_\_\_

**VICTIM INFORMATION**

 **Please provide the following information (if known) (SD Constitution Article 6 Section 29, Victim defined). Note: Do NOT attempt to contact the victim(s) or victim’s family to obtain this information; only provide information if known and/or accessible to you.**

Victim name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Victim address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Victim telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRIOR AND SUBSEQUENT CRIMINAL RECORD**

**Excluding traffic offenses and the offense(s) for which you are requesting clemency, have you ever been arrested for, charged with, or convicted in any court of any other crime or offense at any other time? If you received a suspended imposition of sentence for the offense, you must answer yes.**

**If your answer to the above question is YES, provide the following information for each offense. Use additional page 3’s if necessary.**

**If your answer to the above question is NO, you may proceed to page 4.**

1. Offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relevant facts, including whether you were arrested, charged, or convicted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Disposition (e.g., never charged, dismissed, found not guilty, convicted): \_\_\_\_\_\_\_\_\_\_\_\_\_
1. Offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relevant facts, including whether you were arrested, charged, or convicted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Disposition (e.g., never charged, dismissed, found not guilty, convicted): \_\_\_\_\_\_\_\_\_\_\_\_\_
1. Offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relevant facts, including whether you were arrested, charged, or convicted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Disposition (e.g., never charged, dismissed, found not guilty, convicted): \_\_\_\_\_\_\_\_\_\_\_\_\_

**Under penalty of law, I hereby certify that all the information provided on this application is true. I fully understand that it is a crime in the State of South Dakota punishable by fine or imprisonment, or both to knowingly make false statements concerning any of the above facts.**

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