

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

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

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

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

\_\_\_\_\_

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

**Telephone number: Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

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

**Are you a United States citizen?** Y N **Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Previous names**

*State in full every other name by which you have been known, including the name under which you were convicted, the reason for your use of another name, and the dates during which you were so known (i.e., include your maiden name, name by a former marriage, aliases, and nicknames).*

\_\_\_\_\_

**Have you ever applied for Executive Clemency before?** Yes 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 of your application.*

\_\_\_\_\_

\_\_\_\_\_

## OFFENSE FOR WHICH CLEMENCY IS SOUGHT

*Use additional sheets if necessary.*

Offense: \_\_\_\_\_

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 in order 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.** Yes                      No

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

1. Offense: \_\_\_\_\_ Date of offense: \_\_\_\_\_

Relevant facts, including whether you were arrested, charged, or convicted: \_\_\_\_\_

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Disposition (e.g., never charged, dismissed, found not guilty, convicted): \_\_\_\_\_

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

Relevant facts, including whether you were arrested, charged, or convicted: \_\_\_\_\_

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Disposition (e.g., never charged, dismissed, found not guilty, convicted): \_\_\_\_\_

3. Offense: \_\_\_\_\_ Date of offense: \_\_\_\_\_

Relevant facts, including whether you were arrested, charged, or convicted: \_\_\_\_\_

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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:** \_\_\_\_\_