

**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: \$ _____

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: _____

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: _____

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: _____

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:** _____