

**SOUTH DAKOTA BOARD OF PARDONS AND PAROLES
APPLICATION FOR EXECUTIVE CLEMENCY**

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.

Applying for: Pardon Exceptional Pardon Reprieve, or Remission of Fine

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: _____

Sentence received: _____

Location of jail/prison time served: _____ Dates of time served: _____

Beginning date and end date of probation/parole: _____

Date and description of probation/parole 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

*If the offense(s) you are requesting clemency on is subject to victim notification, provide the following information (if known) (SDCL 23A-28C-4. Victim defined). Attach additional sheets if necessary. **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: _____

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): _____

FAMILY AND FINANCIAL INFORMATION

Current marital status: _____

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/children presently living with you:

Names, ages, and addresses of dependents/children 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.)? 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:* _____

EDUCATION

Highest level of school completed: _____

Name and address of school: _____

Degree earned: _____

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: _____

MILITARY

Describe your military experience, including branch, years of service, and type of discharge.

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: _____

Telephone number: _____

Relationship to you: _____

2. Name: _____

Telephone number: _____

Relationship to you: _____

3. Name: _____

Telephone number: _____

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:

Kind of addiction or abuse: _____

Dates of addiction or abuse: _____

Did you complete a program? Yes No

Description of services received and dates: _____

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:

Type of services: _____

Dates of services: _____

Did you complete a program? Yes No

Description of services received and dates: _____

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:

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:** _____