

APPLICATION FOR EXECUTIVE CLEMENCY
Commutation of Sentence

Honorable Governor
State of California
State Capitol
Sacramento, California 95814

I hereby make application for a Commutation of Sentence pursuant to Penal Code (PC) Section 4800, and respectfully represent the facts as follows:

Specify the Action you are requesting of the Governor

- Traditional Pardon**
- Reduction of your Conviction Level**
- Reduction of your Sentence**
- Release from Prison**
- Discharge from Parole**
- Declaration of Innocence**
- Other** (If Other, *BRIEFLY EXPLAIN*)

Have you previously applied for a Commutation of Sentence?

YES (If Yes, *WHEN?*) _____
 NO

LAST Name	FIRST Name	MIDDLE Name
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Date of Birth	Place of Birth	Citizenship	Social Security Number	Prison Number
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ALIASES, if any

LAST Name	FIRST Name	MIDDLE Name
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LAST Name	FIRST Name	MIDDLE Name
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RESIDENCE, If NOT in Custody

Address	Apartment, Lot, Suite, Space, etc.
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Zip Code	City	State
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RESIDENCE, If In Custody

Prison Address	Building, Block, or Tier	Bunk or Bed
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Zip Code	City	State
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CONVICTION INFORMATION

Arresting Agency _____ Defense Attorney's Name – LAST, First Middle _____ Prosecuting Attorney's Name – LAST, First Middle _____

Judge or Jury Trial? _____ Judge's Name – LAST, First Middle, IF APPLICABLE _____ What did you PLEA? _____ County of Conviction _____

Commitment Offense _____ Sentence Imposed by Court _____

Date Sentenced by Court _____ Date Received at Prison _____

If you are a prisoner, what is your EARLIEST POSSIBLE RELEASE DATE (EPRD) or MEPD? _____

Were you living with and / or supporting your family at the time of your conviction? YES
 NO (If No, BRIEFLY EXPLAIN) _____

Have you ever been addicted to alcohol or narcotics? YES (If Yes, BRIEFLY EXPLAIN) _____
 NO _____

If your case was appealed to the Supreme or Appellate Court, please provide a copy of the Appellate Opinion.
If you are unable to provide a copy of the Appellate Opinion, please provide the following:

Date Appeal Filed _____ Appellate Case Number _____ BRIEFLY SUMMARIZE the Grounds for Appeal and the Court's Opinion. _____

PRIOR CONVICTIONS

FELONY _____
County of Conviction _____ Date Sentenced by Court _____

MISDEMEANOR _____
Commitment Offense _____ Sentence Imposed by Court _____

FELONY _____
County of Conviction _____ Date Sentenced by Court _____

MISDEMEANOR _____
Commitment Offense _____ Sentence Imposed by Court _____

EMPLOYMENT

Most recent Employer _____
Employer's Name _____ Title / Position _____

Employer's Location – Address City, State ZIP Code _____ Supervisor's Name – First Middle Last _____

MARRIAGES

Spouse's LAST Name Spouse's FIRST Name Spouse's MIDDLE Name

Date Married Date Divorced Current County of Residence

Spouse's LAST Name Spouse's FIRST Name Spouse's MIDDLE Name

Date Married Date Divorced Current County of Residence

CHILDREN

Child's LAST Name Child's FIRST Name Child's MIDDLE Name

Date of Birth Current County of Residence

Child's LAST Name Child's FIRST Name Child's MIDDLE Name

Date of Birth Current County of Residence

Child's LAST Name Child's FIRST Name Child's MIDDLE Name

Date of Birth Current County of Residence

Have you applied to the Department of Corrections or the Board of Prison Terms for a Recall of Sentence pursuant to Penal Code Sections 1170 (d) or (e)?

YES (If Yes, *WHEN?*) _____
 NO _____

If Yes, *BRIEFLY SUMMARIZE* the Outcome.

APPLICANT'S STATEMENT

Use additional paper, as needed, to complete your responses.

1. Circumstances of your offense(s). _____

2. Describe your rehabilitation efforts during incarceration. _____

3. Describe your prison record. (Commendations, Disciplinary Actions, etc.) _____

4. Briefly explain the reason(s) your request should be granted. _____

Information required pursuant to Penal Code Section 4807.2.

Has compensation been given to anyone assisting you with this application? YES If Yes, HOW MUCH WAS PAID? \$ _____
 NO

Is this person an Attorney? YES
 NO

Person's LAST Name _____ Person's FIRST Name _____ Person's MIDDLE Name _____

I, _____ declare under penalty of perjury that the information provided on this application
Full Name – First Middle Last and Suffix, if applicable
and on any addendum is true and complete to the best of my knowledge. I further understand that any omission or misstatement of facts may cause
cancellation of my application and the filing of perjury charges against me.

Full Name of Applicant – TYPED or PRINTED _____ Applicant – SIGNATURE _____

Subscribed and sworn to before me this _____ day of _____
Day of the Month Month, Year

In and for the City of _____, County of _____

Full Name of Notary Public – TYPED or PRINTED _____ Notary Public – SIGNATURE _____

This form must be signed by the Applicant, dated, and Notarized. Any Addendum submitted in response to the information requested herein must also be signed, dated, and attached to this application. In accordance with Penal Code 4804, a Notice of Intention to Apply for Executive Clemency form must be completed and mailed to each District Attorney in each county where you have been convicted of a felony prior to the Governor acting upon your request.