

**STATE OF MONTANA**  
**BOARD OF PARDONS AND PAROLE**  
1002 HOLLENBECK ROAD, Deer Lodge, MT 59722  
(406) 846-1404 ~ (406) 846-3512 (fax)

**APPLICATION FOR EXECUTIVE CLEMENCY**  
(§46-23-301 – 46-23-316, MCA, and 20.25.901 – 20.25.904, A.R.M.)

USE A SEPARATE SHEET OF PAPER WHEN NECESSARY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(street, city, state, and zip) (include area code)

Aliases used: \_\_\_\_\_

Type of Executive Clemency requested (see Page 3 for descriptions):

\_\_\_\_\_ Pardon                      \_\_\_\_\_ Commutation                      \_\_\_\_\_ Other

Reason and Justification for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL DATA:**

Sex:     \_\_\_\_\_ Male     \_\_\_\_\_ Female                      Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_                      Social Security Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_                      Number of Dependents: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name and address of employer or school (include city, state, and zip): \_\_\_\_\_  
\_\_\_\_\_

Parents (name, address, and phone): \_\_\_\_\_  
\_\_\_\_\_

Give a summary of your social history and accomplishments that qualify you for Executive Clemency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LEGAL DATA:

*List the following information for all offenses for which you are requesting relief.  
A certified copy of the sentencing judgment(s) must accompany this application.*

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

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

Date Sentenced: \_\_\_\_\_

County: \_\_\_\_\_

Judge: \_\_\_\_\_

Plea: \_\_\_\_\_

Circumstances of the Crime(s): \_\_\_\_\_

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

Type of Discharge – Prison, Parole, or Probation (give dates and type of discharge): \_\_\_\_\_

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

Parole Expiration Date: \_\_\_\_\_

Sentence Expiration Date: \_\_\_\_\_

List any prior arrests or convictions (give circumstances, dates, court action, etc.): \_\_\_\_\_

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

Describe your social conditions **prior to commission of the crime** and **at the time** the offense was committed:

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

List any arrests or convictions subsequent to the offense for which you are requesting relief (give circumstances, dates, court action, etc.): \_\_\_\_\_

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

Any person convicted of a crime after 7-1-73 will automatically have all civil rights restored that may have been lost, if any, upon termination of state supervision.

**Application must be SIGNED AND NOTARIZED and accompanied by three letters of recommendation from reputable persons acquainted with you.** You must cooperate with all Board requests for information, reports, assessments and/or evaluations. If you fail to cooperate in all respects, your application will not be processed. The Board of Pardons and Parole advises you that all information relating to your crime is public record and may be released to the public.

**PARDON:** A declaration of record that an individual is to be relieved of all legal consequences of a prior conviction.

**COMMUTATION:** Substitution of a lesser sentence for a greater one.

**OTHER:** Remission of fines/forfeiture of a temporary suspension or reprieve.

**NOTE: You may submit any additional information or copies of documents you believe would be of value to the Governor in making a determination on your case (for example, character reference letters, certificates of achievement or any other information not sufficiently covered in the questionnaire). Do not send original documents as all materials are retained in the case file and are not returned.**

**Certification**

**All answers to the foregoing are true and complete to the best of my knowledge. I understand that any lack of cooperation on my part with the investigation, omission or misstatement of facts in the questionnaire may cause cancellation of my application for a clemency.**

**SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**RELEASE AND WAIVER**

I hereby authorize any representative of the Board of Pardons and Parole or any other authorized representative of this Agency bearing this release, or a copy of it, to obtain any information in your files pertaining to my employment, credit, or educational records including, but not limited to, academic achievement, attendance, athletic, personal history, performance reports, background investigations, polygraph examination results, psychological examination results, any and all internal affairs investigations, and disciplinary records, and credit records.

I hereby direct the Board of Pardons and Parole to release this information upon request of the bearer. This release is executed with full knowledge and understanding that this information is for the official use of the Board of Pardons and Parole.

Consent is granted for the Board of Pardons and Parole to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any background investigation report prepared by the Board of Pardons and Parole.

I hereby release the Board of Pardons and Parole as the custodian of such record and any employer, school, college, university or other educational institution, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization should I request it.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

FULL NAME (Print): \_\_\_\_\_  

First
Middle
Last
(Jr., Sr., II, III, etc)

ADDRESS: \_\_\_\_\_

TELEPHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ ) ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared the above name individual, personally known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed it.

WITNESS my hand and official seal

My commission expires: \_\_\_\_\_ Signature – Notary Public \_\_\_\_\_