

**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** \_\_\_\_\_

