

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.): _____

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.

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.

I state that the information presented in this application is true and correct to the best of my knowledge.

Applicant's Signature

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 omission or misstatement of facts in the questionnaire may cause cancellation of my application for a pardon.

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 _____)
) ss.

COUNTY OF _____)

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

