



STATE OF MONTANA
BOARD OF PARDONS & PAROLE
1002 Hollenbeck Road, Deer Lodge, Mt. 59722 (406) 846-1404

APPLICATION FOR EXECUTIVE CLEMENCY

46-23-301 MCA Cases of Executive Clemency & Definitions

(1) (a) "Clemency" means kindness, mercy, or leniency that may be exercised by the governor toward a convicted person. The governor may grant clemency in the form of:

- (i) the remission of fines or forfeitures
- (ii) the commutation of a sentence to one that is less severe
- (iii) respite
- (iv) pardon.

(b) "Pardon" means a declaration of record that an individual is to be relieved of all legal consequences of a prior conviction.

(2) A person convicted of a crime need not exhaust judicial or administrative remedies before filing an application for clemency, except that an application may not be filed with respect to a sentence of death while an automatic review proceeding is pending before the Montana supreme court under [46-18-307](#) through [46-18-310](#). The board shall consider cases of executive clemency only upon application. All applications for executive clemency must be made to the board. An application for executive clemency in capital cases may be filed with the board no later than 10 days after the district court sets a date of execution. Applications may be filed only by the person convicted of the crime, by the person's attorney acting on the person's behalf and with the person's consent, or by a court-appointed next friend, guardian, or conservator acting on the person's behalf.

Remission:

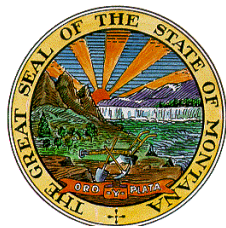
The cancellation of court-ordered fines, forfeitures, or other financial obligations.

Respite:

Is the grant of a temporary stay from a court-ordered judgment, sentence, or condition. Upon a finding of good cause, a hearing panel may recommend that a remission or respite be granted.

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1002 Hollenbeck Road
Deer Lodge, Montana 59722
Phone: 406-846-1404 - Fax: 406-846-3512



**Application for Commutation and/or
Remission of Fines or Forfeiture**

I, _____, am hereby applying for a
commutation, and I understand that I must meet the criteria set forth in 46-23-301 and 46-23-316 of Montana Code
Annotated and 20.25.901 & 20.25.904 Administrative Rules of Montana.

GENERAL INFORMATION

Name: _____ Date: _____

List Alias (if any): _____

Date of Birth Age Race Sex Social Security Number Driver License Number

 M F

Street Address City State Zip Code

List Telephone Number(s) Where You May Be Reached:

Home Cell Time of Day

Email Address: _____

Employment: _____
Employer's Name Telephone Number

Street Address City State Zip Code

Please Check The Box That Applies To Your Marital Status:

Single Married Divorced Widowed

If Married, Date Of Marriage: _____ Name of Spouse: _____

Spouse's Employment: _____
Employer's Name Telephone Number

Street Address City State Zip Code

List All Children and Ages:

Who Has Current Custody Of The Children?

Name	Relationship	Relationship to Children
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Do you have any outstanding court orders concerning child support?

Yes No

IF YES, PROVIDE A CERTIFIED COPY OF THE ORDER.

Do you have any outstanding fines or forfeitures?

Yes No

IF YES, PROVIDE A CERTIFIED COPY OF THE ORDER.

Are you are currently incarcerated?

Yes No

Facility

Security Level

_____ Street Address	_____ City	_____ State	_____ Zip Code
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SOCIAL HISTORY

Please provide a summary of your Social History and Accomplishments that Qualifies you for Executive Clemency.

(Attach separate document with written or typed summary.)

CRIMINAL INFORMATION

List Your Montana Department of Corrections I.D. Number: _____

If You Did Not Receive a MT DOC Number, Provide Your Jail I.D. (If Applicable): _____

Name of Previous Supervisor Probation/Parole Officer: _____

Phone: _____

Below List All Convictions from all jurisdictions, Including Juvenile Offenses:

Age	Date	Conviction	County and State	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attach a One (1) Page Narrative Summary of Your Participation in the Crime for which You are Requesting a Commutation. Please include as much detail as possible about your crime.

THE FOLLOWING INFORMATION MUST BE CERTIFIED AND SUBMITTED WITH YOUR APPLICATION

- Copies of Convictions / Judgments
- A Copy of Any Order Granting Probation
- A Copy of Any Order of Discharge from Probation or Parole
- A Copy of Your Criminal History

EDUCATIONAL INFORMATION

Highest level of education attained: _____

List Any Vocational Training and Dates Attended:

Training	Date
_____	_____
_____	_____
_____	_____
_____	_____

SUBMIT COPIES OF YOUR DIPLOMA(S), DEGREE(S), CERTIFICATE(S) OR CURRENT PROFESSIONAL LICENSE(S)

MILITARY INFORMATION

Branch of Service (N/A if you did not serve)	Discharge Date	Type of Discharge
_____	_____	_____

List any commendations or decorations received:

A COPY OF YOUR DISCHARGE (DD-214) SHOULD BE SUBMITTED WITH YOUR APPLICATION

FAMILY INFORMATION

Father's Name: _____ Telephone: _____

Street Address City State Zip Code

Father's Employer: _____

Mother's Name: _____ Telephone: _____

Street Address City State Zip Code

Mother's Employer: _____

List All Siblings, Include Current Name, Address, Area Code and Telephone Number (s):

Current Name	Address	Area Code & Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT INFORMATION

(PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY)

Current Employer: _____

Street Address City State Zip Code

Supervisor Date of Employment Job Title

RESPONSIBILITIES:

EMPLOYMENT INFORMATION (continued)

List Your Employment History for The Last Ten (10) Years if applicable :

Employer	Dates of Employment	Job Title
RESPONSIBILITIES:		

Employer	Dates of Employment	Job Title
RESPONSIBILITIES:		

Employer	Dates of Employment	Job Title
RESPONSIBILITIES:		

Employer	Dates of Employment	Job Title
RESPONSIBILITIES:		

RELEASE AND WAIVER

I hereby authorize any representative of the Board of Pardons and Parole or any other authorized representative of this Agency bearing of 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.

Petitioner's Signature

STATE OF _____

COUNTY OF _____

Before me _____, the undersigned officer, personally
appeared _____

Known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purpose herein contained. In witness whereof, I hereunto set my hand and official seal.

Witness my hand, this _____ day of _____ 20_____

Signature of Notary

My Commission Expires: _____

If this application was completed by someone other than the applicant, the person completing the application must provide their name, address, telephone number, and relationship to the applicant in the space provided below.

Name

Address

City State Zip Code

Preparer's Signature

Relationship to Petitioner

Telephone (including area code)

Certification

I affirm that I have read, or had read to me, and understand the instructions, questions, and statements within this application. I understand that I have an affirmative duty to update all information in this application, as appropriate, in a timely manner, including my contact information. I also affirm that this application has been completed in its entirety, that ALL responses made in the application, or attached to the application, are true and correct to the best of my knowledge, that in my judgment I meet ALL the criteria on which this application is based and, therefore, am applying for a pardon under the criteria noted in this application. 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.

Signature: _____

Date: _____

NOTE: You can 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 letter, certificates of achievement or any other information not sufficiently covered in the questionnaire.) Do not send original documents as all materials retained in the case file and are not returned.



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Release of Information

I, _____, hereby
(Name)

authorize _____ to release confidential information
(Name of Treatment Provider)

of my records, possession, or knowledge, of whatever nature may now exist or come to exist to the Montana Board of Pardons & Parole.

The confidential information to be released may include: date of entrance to program, attendance records, urine testing results, type, frequency, and effectiveness of therapy (including psychotherapy notes), general adjustment to program rules, type and dosage of medication, response to treatment, test results (psychological, vocational, etc.), date of and reason for withdrawal from program; and prognosis.

The information, which I now authorize for release, is to be used in connection with an Executive Clemency Application Pursuant to 46-23-301 Montana Code Annotated.

I understand that the Board may use the information hereby obtained only in connection with its official duties, including total or partial disclosure of such, to the Governor or the State of Montana.

I understand that this authorization is valid for the Executive Clemency process. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification.

I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before the Executive Clemency Application process is over may cause delays in the investigation process.

(Signature)

(Printed)

(Witness)

(Date Signed)

Pardon Application Checklist and Instructions

Before submitting your Commutation application, be sure you have included or completed the following:

- Cover letter stating a compelling reason.
- One (1) page narrative summary of the crime for which you are requesting a commutation, including as much detail as possible about the crime and your participation.
- Three (3) support letters written by people other than the applicant or the applicant's family members verifying the exemplary citizenship. Each letter must be signed by the author of the letter. You must submit each original, signed letter.
- Certified copy of each judgment/conviction for which you are requesting a commutation.
- If your compelling reason is to obtain certain employment, please provide documentation that you have been previously denied employment based upon your criminal record.
- Copies of diplomas, degrees, certificates, and professional licenses (if applicable).
- Copy of military discharge form DD-214 (if applicable).
- Certified copy of any outstanding child support order (if applicable).
- Certified copy of any outstanding fines or forfeitures (if applicable).
- Ensure that all responses are typed or printed legibly. **(BLACK OR BLUE INK ONLY!)**
- Any additional information or documents you believe would be of value to the Governor in making a determination on your case. (Ex: character reference letters, certificates, etc.)
- Page six (6) of the application is signed by the applicant and notarized. You must submit the original, notarized application for review. Each application must contain the applicant's signature unless the applicant is physically or mentally incapable of signing, in which case that incapacity must be documented in a cover letter.
- Make a copy of your application and any attachments for your records. Your application and any attachments will not be returned once accepted for review.
- If you have questions about this application, please contact our office at (406) 846-1404. You can review our website as well at <https://bopp.mt.gov/ExecutiveClemency>.

NOTE: We advise you that all info relating to your crime(s) is considered public info and may be release to the news media, if so requested by them.