



State of Tennessee
BOARD OF PROBATION AND PAROLE
DIVISION OF BOARD OPERATIONS
404 James Robertson Parkway, Suite 1300
Nashville, Tennessee 37243-0850
Phone: 615-741-1150 • Fax: 615-741-5337



Application for Commutation

I, _____ am hereby applying for a Commutation, and I understand that I must meet all of the Governor's criteria as established.

I further understand that meeting the requirements set forth in these guidelines is merely a threshold inquiry in the consideration of Commutation relief. The final determination of whether a Commutation will be granted lies in the discretion of the Governor after a review of the petition and the non-binding recommendation of the Board. The availability of commutation of sentence is not intended to serve and will not serve as a review of the proceedings of the trial court or the guilt or innocence of the petitioner.

In order to provide guidance to the Board in reviewing commutation petitions and in making its non-binding recommendation to the Governor, the Governor has established the following criteria:

COMMUTATIONS (NON-CAPITAL SENTENCES)

1. The Governor will give serious consideration to Commutation requests where the petitioner has demonstrated, by clear and convincing evidence, that:
 - a. The petitioner has made exceptional strides in self-development and self-improvement and would be a law-abiding citizen; **and either**
 - i. Petitioner is suffering from a life-threatening illness or has a severe chronic disability, said illness or disability is supported by appropriate medical documentation, and the relief requested would mitigate said illness or disability; **or**
 - ii. Petitioner's parent, spouse or child has a life-threatening illness, said illness is supported by appropriate medical documentation, and the petitioner is the only person able to assist in the care of such person; **or**
 - iii. Petitioner has been rehabilitated, is no longer a threat to society, has demonstrated, to the extent his age and health permit, a desire and an ability to maintain gainful employment and fairness supports the petitioner's application
2. Petitioners eligible for medical furloughs are excepted from the guidelines of Section 1(a)(i) and 1(a)(ii) above.

COMMUTATIONS (CAPITAL SENTENCES)

<p>THE GOVERNOR WILL ALSO GIVE SERIOUS CONSIDERATION TO COMMUTATION REQUESTS BASED UPON THE FOLLOWING STATUTORY GROUNDS:</p>

1. Pursuant to T.C.A. Section 40-27-105, upon application for a pardon by a person sentenced to capital punishment, if the Governor is of opinion that the facts and circumstances adduced are not sufficient to warrant a total pardon, the Governor may commute the punishment of death to imprisonment for life in the penitentiary or imprisonment for life without parole in the penitentiary.
2. Pursuant to T.C.A. Section 40-27-106, the Governor may commute the punishment from death to imprisonment for life or imprisonment for life without parole, upon the certificate of the Supreme Court, entered on the minutes of the Court, that, in its opinion, there were extenuating circumstances attending the case, and that the punishment ought to be commuted.

REPRIEVES

The Governor makes the final determination of whether a reprieve will be granted after a review of the petition and the non-binding recommendation of the Board.

The Governor will give serious consideration to reprieve requests when the petitioner has been sentenced to death and has exhausted all possible judicial remedies.

GENERAL INFORMATION

NAME: _____

LIST ALIAS (IF ANY): _____

D/O/B: _____ AGE: _____ RACE: _____ SEX: SS#:

TDOC IDENTIFICATION NUMBER: _____ LOCATION: _____

CRIMINAL INFORMATION

LIST ANY PRIOR CONVICTIONS

OFFENSE(S)	SENTENCE(S)	COUNTY & STATE OF CONVICTION	YEAR OF CONVICTION

HAVE YOU EVER ESCAPED? YES NO

IF YES, DATE OF ESCAPE _____

DID YOU COMMIT ANY OFFENSES WHILE ON ESCAPE? YES NO

IF YES, LIST WHAT OFFENSE(S) BELOW

OFFENSE(S)	SENTENCE(S)	COUNTY & STATE OF CONVICTION	YEAR OF CONVICTION

DO YOU HAVE ANY OUTSTANDING CHARGES (DETAINERS/WARRANTS)? YES NO

IF YES, LIST CHARGING AGENCY: _____

ALLEGED OFFENSE(S): _____

DO YOU HAVE ANY UNPROCESSED SENTENCES? YES NO

OFFENSE(S)	SENTENCE(S)	COUNTY OF CONVICTION	YEAR OF CONVICTION

INSTITUTIONAL INFORMATION

CUSTODY LEVEL: _____ ARE YOU EARNING SENTENCE CREDITS? YES NO

IF YES, MONTHLY CREDITS: _____ IF NO, EXPLAIN: _____

HAVE YOU BEEN CONVICTED OF A CLASS A/B DISCIPLINARY INFRACTION WITH THE LAST FIVE (5) YEARS? YES NO IF YES, LIST BELOW:

OFFENSE	CONVICTION DATE	DISPOSITION

LIST YOUR PROGRAM PARTICIPATION BELOW:

PROGRAM NAME	COMPLETION DATE

PAROLE INFORMATION

HAVE YOU HAD A PAROLE HEARING? YES NO

IF YES, DATE OF HEARING: _____

HAVE YOU EVER BEEN RELEASED ON PAROLE? YES NO

IF YES, DATE: _____

DID YOU VIOLATE PAROLE? YES NO

IF YES, DATE OF REVOCATION HEARING: _____

HAVE YOU PREVIOUSLY APPLIED FOR A COMMUTATION? YES NO

IF YES, GIVE DATE: _____

**EDUCATIONAL
INFORMATION**

HIGHEST LEVEL OF EDUCATION ATTAINED: _____

LIST VOCATIONAL TRAINING AND DATES ATTENDED:

PROGRAM NAME	COMPLETION DATE

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

MILITARY INFORMATION

BRANCH OF SERVICE (N/A IF YOU DID NOT SERVE): _____

DISCHARGE DATE: _____

TYPE OF DISCHARGE: _____

LIST THE TYPE OF COMMENDATION OR DECORATIONS RECEIVED:

ATTACH A COPY OF YOUR DISCHARGE WITH YOUR APPLICATION

I affirm that I have read, or had read to me, and understand the instructions, questions and statements within this application. I also affirm that it 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, I am applying for a Commutation under the criteria noted in this application.

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)