



. 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 Pardon

I, _____ am hereby applying for a Pardon, and I understand that I must meet all of the Governor’s criteria listed below:

PARDONS

Meeting the requirements set forth in these guidelines is merely a threshold inquiry in the consideration of pardon relief. The final determination of whether a pardon will be granted lies with the Governor after review of the petition and the recommendation of the Board. Before the Board considers a petition for a pardon, the petitioner shall have completed his sentence, including any community supervision.

In order to provide guidance to the Board in reviewing pardon petitions and in determining its recommendations to the Governor, the Governor has established the following criteria:

1. The Governor will give serious consideration to Pardon requests when:
 - a. Petitioner has been neither convicted, nor confined under sentence, nor placed under community supervision within five (5) years since the completion of the sentence(s) from which he seeks a pardon; **and**
 - b. Petitioner has demonstrated good citizenship since the completion of the sentence(s) from which he seeks a pardon, which shall mean both specific achievements and incident-free behavior; **and**
 - c. Petitioner has demonstrated, with proper verification, a specific and compelling need for a pardon.

2. Petitioner has the obligation to provide written verification of good citizenship and of compelling and specific need in conjunction with 1(b) and 1(c) above. The demonstration of good citizenship shall, among other things, include written communication from at least five (5) persons other than the petitioner or a member of the petitioner’s family verifying the period of good citizenship. In addition, the demonstration of a compelling and specific need for a pardon must be verified, in writing, by at least one (1) source other than the petitioner or a member of the petitioner’s family; provided, however, the Board may waive this requirement if the circumstances warrant. Generally, the need for a pardon will not be found compelling when other provisions of the law provide appropriate relief for the petitioner.

GENERAL INFORMATION

NAME: _____

LIST ALIAS (IF ANY): _____

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

DRIVER LICENSE: _____

ADDRESS: _____
STREET

CITY STATE ZIP CODE

LIST TELEPHONE NUMBER(S) WHERE YOU MAY BE REACHED:

HOME DAY TIME CELLULAR

PLEASE CHECK THE BOX THAT APPLIES TO YOUR STATUS:

SINGLE MARRIED DIVORCED WIDOWED

IF MARRIED, DATE OF MARRIAGE: _____ NAME OF SPOUSE: _____

SPOUSE'S EMPLOYMENT: _____
EMPLOYER'S NAME TELEPHONE NUMBER

ADDRESS CITY STATE ZIP CODE

LIST ALL CHILDREN AND AGES:

WHO HAS CURRENT CUSTODY OF THE CHILDREN?

NAME RELATIONSHIP RELATIONSHIP TO CHILDREN

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 AND FORFEITURES? YES NO

IF YES, PROVIDE A CERTIFIED COPY OF THE ORDER.

CRIMINAL INFORMATION

LIST YOUR TENNESSEE DEPARTMENT OF CORRECTIONS I.D. NUMBER, OR PROBATION I.D.

NUMBER: _____

IF YOU DID NOT RECEIVE A TDOC NUMBER, GIVE YOUR JAIL I.D.: _____

BELOW LIST ALL PRIOR/FELONY CONVICTIONS, INCLUDING JUVENILE RECORD:

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 PARDON

THE FOLLOWING INFORMATION MUST BE CERTIFIED AND SUBMITTED WITH YOUR APPLICATION

- COPIES OF CONVICTIONS / JUDGMENTS
- A COPY OF THE ORDER GRANTING PROBATION
- A COPY OF THE ORDER OF DISCHARGE FROM PROBATION OR PAROLE
- A COPY OF YOUR CRIMINAL HISTORY

EDUCATIONAL INFORMATION

HIGHEST LEVEL OF EDUCATION ATTAINED: _____

LIST VOCATIONAL TRAINING AND DATES ATTENDED:

TRAINING	DATE

SUBMIT COPIES OF YOUR DIPLOMA, DEGREES 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:

A COPY OF YOUR DISCHARGE 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: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SUPERVISOR: _____

DATE OF EMPLOYMENT: _____ JOB TITLE: _____

RESPONSIBILITIES:

LIST YOUR EMPLOYMENT HISTORY FOR THE LAST TEN (10) YEARS:

<u>EMPLOYER</u>	<u>DATES OF EMPLOYMENT</u>	<u>JOB TITLE</u>
_____	_____	_____
RESPONSIBILITIES: _____		
_____	_____	_____
_____	_____	_____

<u>EMPLOYER</u>	<u>DATES OF EMPLOYMENT</u>	<u>JOB TITLE</u>
_____	_____	_____
RESPONSIBILITIES: _____		
_____	_____	_____
_____	_____	_____

<u>EMPLOYER</u>	<u>DATES OF EMPLOYMENT</u>	<u>JOB TITLE</u>
_____	_____	_____
RESPONSIBILITIES: _____		
_____	_____	_____
_____	_____	_____

<u>EMPLOYER</u>	<u>DATES OF EMPLOYMENT</u>	<u>JOB TITLE</u>
_____	_____	_____
RESPONSIBILITIES: _____		
_____	_____	_____
_____	_____	_____

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 Pardon 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)