



State of Tennessee
BOARD OF PAROLE
DIVISION OF BOARD OPERATIONS
500 James Robertson Pkwy.
Davy Crockett Tower, 4th Floor
Nashville, Tennessee 37243-0850
Phone: 615-741-1150 • Fax: 615-741-5337



Application for Commutation

I, _____, am hereby applying for a commutation of a non-capital sentence, and I understand that I must meet all of the Governor's criteria.

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 any non-binding recommendation of the Board. This commutation review process 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 applicant.

In order to provide guidance to the Board in reviewing commutation petitions and in making its non-binding recommendations 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 that:
 - a. The petitioner has made exceptional strides in self-development and self-improvement and would be a law-abiding citizen upon release and:
 - 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
 - b. The petitioner has been rehabilitated to an extraordinary degree, relative to the nature of the offense(s) committed, will be a law-abiding citizen and positive contributor to society upon release, and has, to the extent age and health permit, a desire and an ability to maintain gainful employment.

2. Petitioners eligible for medical furloughs are excepted from the guidelines of Section 1(a)(i) and 1(a)(ii) above.

GENERAL INFORMATION

Name: _____ List Alias (if any): _____

Date of Birth _____ Age _____ Race _____ Sex _____ Social Security Number _____
 M F

TDOC Identification Number: _____ Location: _____

Street Address _____ City _____ State _____ Zip Code _____

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

Home _____ Day Time _____ Cellular _____

CRIMINAL INFORMATION

LIST ALL CONVICTIONS FROM ALL JURISDICTIONS, INCLUDING JUVENILE OFFENSES:

Offense (s)	Sentence (s)	County & State of Conviction	Year of Conviction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever escaped, or attempted to escape? Yes No If yes, provide date(s): _____

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 & State of Conviction	Year of Conviction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSTITUTIONAL INFORMATION

Custody level: _____

Are you earning sentence credits?

Yes No

If yes, monthly credits: _____

If no, explain:

Please list all disciplinary infractions:

Offense	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 and disposition:	_____

EDUCATIONAL INFORMATION

Highest level of education attained: _____

List Any Vocational Training and Dates Attended:

Program Name	Completion Date
_____	_____
_____	_____
_____	_____

ATTACH 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
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List Any Commendations or Decorations Received:

ATTACH A COPY OF YOUR DISCHARGE (DD-214) 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 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, 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)

Commutation Application Checklist

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

- Cover letter specifying the requested relief. The following are examples:
 - “I am requesting a commutation of my sentence to time served.”
 - “I am requesting a commutation of my sentence to immediate parole eligibility.”
 - “I am requesting a commutation to have my sentences served concurrently instead of consecutively.”
- Circle to indicate the criteria you are applying under on page one (1) of the application. Be sure to include supporting documentation for all criteria that you choose.
- Supporting documentation for your chosen criteria (that is, medical documentation if applying under 1.a.i. or 1.a.ii., or documentation that you have been rehabilitated if applying under 1.b.).
- Submit all pages of the application.
- One (1) page narrative summary of your participation in the crime(s) for which you are requesting a commutation.
- Copies of diplomas, degrees, certificates, and professional licenses (if applicable).
- Copy of military discharge form DD-214 (if applicable).
- Ensure that all responses are typed or printed legibly.
- Page five (5) 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 and in that case that 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, contact your Institutional Probation/Parole Specialist (IPPS) or, if not in a TDOC facility, contact our office at (615) 741-1150.