

State of Arkansas  
Commutation (Time-Cut) Application

Instructions

A Commutation (time cut) is not a right but a discretionary duty of the Governor that can be denied for any reason. An applicant for Commutation (time cut) should understand that the process will take several months, even a year or more in some instances.

The Parole Board must review all applications. After the Parole Board makes the review and recommendation, you will be notified. Please, do not call the Parole Board concerning results.

The Governor relies on the recommendation of the Parole Board and will not review any application, which has not been first reviewed by the Parole Board. **The Governor does not review files taken out of order.** There is no appeal process for Commutation (time cuts). If the Governor denies the application, that decision is final.

**Incorrect information will be grounds for denial.**

**You must answer all questions or your application will be returned.**

**Attach additional pages if necessary to answer questions.**

**Type or print this application using blue or black ink pen.**

**If not incarcerated send application to:**

DCC Institutional Release Services (IRS)  
Executive Clemency Department  
2801 S. Olive St. Suite 6-D  
Pine Bluff, AR. 71603

**IF INCARCERATED SEND APPLICATION THROUGH  
Institutional Release Officer (IRO) at your unit of assignment**

# Commutation (time cut) Application

Institutional Release Services

2801 S. Olive St. Suite 6-D

Pine Bluff, AR. 71603

870-543-1027 / 870-879-6725 (fax)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_  
City \_\_\_\_\_ ADC# \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ SS# \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

.....  
Person preparing the application if other than yourself:

Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone numbers (home): \_\_\_\_\_ (work): \_\_\_\_\_

Is the person preparing the application an attorney? Yes \_\_\_ No \_\_\_ AR bar # \_\_\_\_\_

## Reason for Requesting a Commutation (time cut)

1. \_\_\_ I wish to correct an injustice which may have occurred during the trial. I have attached letters or other documentation that will support this claim. (If you wish to attach explanations or statements to this application, it will be considered as a part of the application.)
2. \_\_\_ I have a life-threatening medical condition which does not qualify for Act 290. I have attached a statement explaining my condition. (You must provide a medical information release in order for the Board to view your medical records.)
3. \_\_\_ I want to adjust what may be considered an excessive sentence.
4. \_\_\_ My institutional adjustment has been exemplary and the ends of justice have been achieved.

**All supporting documentation must be available when the Board considers your application.**

1. You must list below, **ALL CRIMES WHICH YOU WANT COMMUTED (time cut).**

Crime	County of conviction	Date	Court Docket number	Sentence	Date of discharge

2. Were there victims in your crimes? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, how many? \_\_\_\_\_  
 If yes, answer the following questions:

Did you know the victim? YES \_\_\_\_\_ NO \_\_\_\_\_

a. If yes, what was the relationship? \_\_\_\_\_

b. Was the victim injured? \_\_\_\_\_

c. Age of the victim \_\_\_\_\_

d. Was the victim a law enforcement or public official? \_\_\_\_\_

3. Were other persons involved in the crimes listed above? Yes \_\_\_\_\_ No \_\_\_\_\_  
 if yes, list the names of your accomplices and what, if any, sentences they received.

Name	Sentence

4. Concerning the facts of the crimes, **briefly** explain what happened in each case. \_\_\_\_\_

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5. Explain why you think the Governor should grant you a commutation (time cut). \_\_\_\_\_

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6. Describe what you have done to demonstrate your rehabilitation. (Community programs, volunteer work, furthering education, speaking engagements, mentoring to others, etc.) \_\_\_\_\_

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7. Are you a SEX OFFENDER that is currently required to register by law? Yes \_\_\_ No \_\_\_

If your answer is yes, answer the following questions.

Has your registration been kept current since being required? \_\_\_\_\_

If no, explain why not \_\_\_\_\_

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**You must submit your most recent sex offender risk assessment with this application.** (This may be obtained from your local sheriff's office.)

8. List all other crimes **not listed before**, even out of state crimes, traffic violations, misdemeanors, etc. **that you do not want to be considered for commutation (time cut).**

Crime	County of conviction	Date	Court Docket #	Sentence

**PERSONAL BACKGROUND**

1. Are you: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

List the following information:

Name of Spouse	Date of marriage	Date Marriage ended	Reason (divorce/death, etc)

2. Do you have children? Yes \_\_\_\_ No \_\_\_\_ If so, how many? \_\_\_\_\_

Name	Age	Address

3. Have you ever served in the Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what branch? \_\_\_\_\_

4. What type of discharge did you receive? Honorable \_\_\_\_\_ Dishonorable \_\_\_\_\_  
 Medical \_\_\_\_\_ Other \_\_\_\_\_

**EMPLOYMENT BACKGROUND**

**1. Please provide the following information about your current job:**

Name of employer \_\_\_\_\_

Employer's address and phone # \_\_\_\_\_

When were you hired \_\_\_\_\_

Give a brief description of your job duties:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. If you are currently unemployed, but on disability, please explain how you became disabled.

\_\_\_\_\_  
 \_\_\_\_\_

For previous jobs you have held, list the following information:

Dates		Employer	Address & Current Phone	Reason for Leaving
From	To			

**EDUCATIONAL BACKGROUND**



School	Address	Dates of Attendance	Highest grade completed & Degrees

**By signing and submitting this application, I hereby swear and affirm that the information provided is true and accurate to the best of my knowledge and I hereby waive any state or federal privacy protections or other privileges to the extent allowable by law.**

**I understand that incorrect information provided, will be grounds for IMMEDIATE DENIAL!**

**You must answer all questions or your application will be returned.**

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Applicant's Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_ Notary Public