Instructions

An application for pardon does not guarantee that a pardon will be granted. An applicant for Pardon should understand that the process is lengthy.

The Parole Board must review all applications. After the Parole Board reviews your application and makes its recommendation, you will be notified. Please, do not call the Parole Board concerning results. However, you must notify the Parole Board in the event of an address change.

The Governor relies on the recommendation of the Parole Board and will not review any application that 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 Pardons. If the Governor denies the application, that decision is final.

Follow all instructions and answer all questions truthfully.

Incorrect information will be grounds for return of your application.

NEW APPLICANTS
If you have never filed a Pardon Application before, attach these certified documents to the application:
1. Judgment and Commitment Order (get from the Circuit Clerks Office if Felony Charge –or– from the District Clerk’s office if misdemeanor)
2. Felony Information and/or probable cause affidavit from clerk
3. Narrative incident report from arresting agency (City Police, Sheriff or State Police)
4. If record is sealed, include Order to Seal (get from court clerk)

OLD APPLICANTS
Because you have previously filed for a Pardon, all necessary paperwork is still in your file at the Parole Board. Fill out the application, have it notarized and return it to the Parole Board at the address below. DO NOT resubmit attachments sent before (# 1 – 4 above). Only submit NEW information to support your file.

If you have convictions NOT previously requested, you must furnish the following:
1. Judgment and commitment order
2. Information sheet or probable cause affidavit
3. Narrative incident report from arresting agency (City Police, Sheriff or State Police)

Return all applications to:
DCC Institutional Release Services (IRS)
Pardon Department
2801 S. Olive St., Suite 6-D
Pine Bluff, AR 71603

* If your address or contact information changes for any reason during the application process, please update your information by contacting 870-543-1033.

******************************************************************************
Pardon Application
Institutional Release Services--Pardon Department
2801 S. Olive St., Suite 6-D
Pine Bluff, AR. 71603
870-543-1033 // 870-879-6725 fax

Name _______________________________ Date of Birth_______________________
Address______________________________ Race ______________Sex______________
City_________________________________ ADC# __________ PID#____________
State __________Zip___________________ SS#_______________________________
Phone________________________ Cell_____________________

I am requesting the following (Check Only One)
Option 1: ______Pardon (with firearm rights restored)
Option 2: ______ Pardon (without firearm rights restored)
Option 3: ______Restoration of Firearms Only* -- crime must be 8 years old and no weapons involved

*And page 8 also must be filled out by Sheriff in county where you reside and notarized

Checklist for Applicant’s Use
Please make sure all information listed below is attached to application

1. ______First time applicant Yes ______No_______
   Date of previous application __________________
2. ______Entirely completed, signed, dated and notarized application
3. ______Judgment Orders for each conviction to be considered
4. ______Letters of recommendation: (include current address and daytime phone #’s)
   i. Family
   ii. Friends
   iii. Minister (if applicable)
   iv. Present or former employers
   v. Other reputable persons in the community who may desire to testify to the moral character and good behavior of the applicant.
5. ______Letter of Personal Plea
1. Give full name under which you were convicted and any alias names you may have used:
___________________________________________________________________________
___________________________________________________________________________

2. You must list below, ALL CRIMES FOR WHICH YOU WISH TO BE PARDONED!
(Attach separate sheet if necessary to include all convictions to be considered)

(fill out completely and attach Judgment OR Commitment Orders (or docket sheets) for each crime listed)

<table>
<thead>
<tr>
<th>Crime</th>
<th>County of conviction</th>
<th>Date</th>
<th>Court Docket #</th>
<th>Sentence</th>
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3. Have you completely discharged from your sentence? YES__________NO ___________

4. Are you on probation or suspended sentence? ________________________________

5. Was any restitution ordered in any of the convictions Yes _______ No ________

6. Have all fines, fees, court costs and restitution been paid in full? If Yes—attach receipts
   If you still owe restitution, cost(s) and/or fine(s) for any convictions, please list the persons or
   entity to which the debt is owed and the outstanding amount still owed.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

7. Were there victims in your crimes? YES _______NO _______
   If yes answer the following questions;
   a. Did you know the victim? ____________________________________________
   b. If yes, what was the relationship? ____________________________________
   c. Was the victim injured? _____________________________________________
   d. Age of the Victim ________________________________________________
   e. Was the victim law enforcement or public official? _____________________
   f. Was there more than one (1) victim? _________________________________

8. 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

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

____________________________________________________________________________
9. Concerning the facts of the crimes, briefly explain what happened in each case.
   (Attach a separate sheet if necessary)
   ____________________________________________
   ____________________________________________
   ____________________________________________

10. Explain the reason why you think the Governor should grant to you the relief requested.
    (Attach a separate sheet if necessary)
    ____________________________________________
    ____________________________________________
    ____________________________________________

11. Describe what you have done to demonstrate your rehabilitation—Community programs,
    volunteer work, furthering education, speaking engagements, mentoring to others, etc.
    (Attach a separate sheet if necessary)
    ____________________________________________
    ____________________________________________
    ____________________________________________

12. Are you a SEX OFFENDER who 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 its requirement? _______________________
    > If no, explain why not _____________________________________________________________
    You must submit your most recent risk assessment with this application.

13. List all other crimes not listed before, even out of state crimes, traffic violations, 
    misdemeanors, etc. that you DO NOT WISH TO BE CONSIDERED FOR PARDON

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PERSONAL BACKGROUND

1. Are you:
   Single____ Married _____ Separated _____ Divorced _____ Widowed _________
   Full name of spouse ___________________________________________________
   When were you married________________________________________________
   Where were you married _______________________________________________

2. Previous marriages: list the following information;
   Name of Spouse   Date of Marriage   Date marriage ended   Reason (divorce/death, etc.)
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

3. Children ______ How many? ________
   Name       AGE       Address
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

4. Have you ever served in the Armed Forces?  Yes_______ No __________
   If yes, what branch? ________________________________________________

5. What type of discharge did you receive?  Honorable ________ Dishonorable ________
   Medical __________ Other _______________

EDUCATIONAL BACKGROUND

<table>
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<tr>
<th>School</th>
<th>Address</th>
<th>Dates of Attendance</th>
<th>Highest grade completed &amp; Degrees</th>
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EMPLOYMENT BACKGROUND

1. Please provide the following information about your current job:
   Name of employer ____________________________________________________________
   Employer’s address ___________________________________________________________
   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

<table>
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<tr>
<th>Dates</th>
<th>Employer</th>
<th>Address &amp; Current Phone</th>
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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 by me will be grounds for IMMEDIATE DENIAL!

Applicant’s Signature

Date of Application

Subscribed and sworn to me this _____________ day of __________, ________

My Commission expires: ________________________________

Notary Public
Certificate to Obtain Information

Ask the Clerk of the Court to fill out this form if he/she is not able to provide you with all the required documents.

I, ___________________________Circuit Clerk or District Clerk of ________________County
Have been approached by _____________________________(applicant’s name) in an attempt to obtain a certified copy of his or her commitment orders for the purpose of applying for a Governor’s Pardon. After a good faith effort, a copy of these records cannot be furnished for the following reason:

________Case too old, documents have been destroyed
________A copy has been diligently searched for and cannot be found
________Court House burned and record was destroyed (year ________)

*******************************************************************************

___________________________________
Circuit Clerk/ Deputy Clerk / District Clerk

___________________________________
County Seal
This page is required, in addition to the application, if applying for
RESTORATION OF FIREARMS ONLY (Option 3 on Page 1)

This page is NOT required if applying for a pardon.

Recommendation of Chief Law Enforcement Officer in County of Residence

I, ______________________________________________________, hereby recommend
(applicant)_________________________________ for the restoration of his/her right to own or
possess firearms and certify that he/she is of good standing and is deserving of this restoration of
firearm rights. In Accordance with Arkansas Code Annotated § 5-73-103, I confirm that the crime
occurred more than eight (8) years ago and no weapon was involved in the commission of the
crime. This person currently resides at _____________________________________which is
within my jurisdiction and has lived within my jurisdiction since _________________________.

Sheriff ________________________________

County of ________________________________

Subscribed and sworn to me this __________day of _____________, _______.

___________________________ Notary Public

My commission expires:

______________________________