

iii. Charge _____
 Court of Conviction _____ City, County & State _____
 Conviction Received _____
 Date Convicted _____
 Judge _____ Prosecutor _____ Defense Attorney _____
 Length of Sentence _____ Probated for _____ years
 Federal Sentence Yes No Federal Number _____
 Period of Incarceration _____ Place of Incarceration _____
 Institution Number _____ Date entered institution of jail _____
 Conditional Release Date _____ Date Paroled _____ Date of Final Discharge _____
 Date Probated _____ Date Probation Expired _____ Probation Number _____
 Probation/Supervising Officer's Name and County _____

11. Has the Applicant ever been found in violation of any terms or conditions of parole? Yes No. If yes, explain on extra paper.

12. Has the Applicant ever been found in violation of any terms or conditions of probation? Yes No. If yes, explain on extra paper.

13. Are you under Indictment? Yes No Explain: _____

14. Do you have any Outstanding Fines? Explain: _____

15. Do you have any Unpaid Restitution? Yes No Explain: _____

16. If ever incarcerated, state each instance the Applicant was incarcerated. (Include the basis for the action and discipline received) _____

Conviction(s) for which relief is sought: _____

17. Education – Complete for the highest grade or year completed at all levels of school below.

i. High School
 Name and Address of School _____
 Dates Attended _____ to _____ Date of Graduation _____ Diploma Yes No

ii. Under Graduate College or University
 Name and Address of School _____
 Dates Attended _____ to _____ Date of Graduation _____ Degree _____

iii. Graduate College or University
 Name and Address of School _____
 Dates Attended _____ to _____ Date of Graduation _____ Degree _____

iv. Vocational, Business or Technical School
 Name and Address of School _____
 Dates Attended _____ to _____ Date of Graduation _____ Degree _____

v. GED Yes No Date _____

18. Applicant's five most recent employers (begin with most recent)

- a. Employer's Name _____
Employer's Address _____
Supervisor's Name _____
Period of Employment _____ Reason for Leaving _____
- b. Employer's Name _____
Employer's Address _____
Supervisor's Name _____
Period of Employment _____ Reason for Leaving _____
- c. Employer's Name _____
Employer's Address _____
Supervisor's Name _____
Period of Employment _____ Reason for Leaving _____
- d. Employer's Name _____
Employer's Address _____
Supervisor's Name _____
Period of Employment _____ Reason for Leaving _____
- e. Employer's Name _____
Employer's Address _____
Supervisor's Name _____
Period of Employment _____ Reason for Leaving _____

19. Military record (include branch of military, date of service, and type of discharge): _____

20. Names, addresses and relationship of three non-family references:

- 1) _____
- 2) _____
- 3) _____

21. Has the Applicant ever previously applied for a pardon/commutation? Yes No
If yes, in what year was application made? _____ (Provide copy)

22. Has the Applicant ever received a pardon/commutation? Yes No

23. **In a separate letter, which must accompany the Application**, please describe in your own words the reason(s) you are seeking relief and state the extenuating circumstances supporting the basis for the request.

24. **A minimum of three (3) letters of recommendation in support of the request for relief must accompany the Application.** Additional letters are recommended and may be submitted from all sources, including but not limited to the following: neighbors, employers, co-workers, pastors, church members, elected officials, judges, prosecutors, family members, etc.

25. Name, address and phone number of person(s) to contact if we need to contact you on an emergency basis.

I hereby authorize the Office of the Governor and any of its representatives to make all necessary investigations of my work, character, personal history, and financial, credit, and other records through investigative or credit agencies, or through communication with persons including, but not limited to, the following: (a) anyone connected with my current employer, (b) any former supervisor, official, or co-worker at my prior employers, (c) my neighbors, friends, or others with whom I am acquainted, or (d) individual references, schools, or other organizations, including law enforcement agencies, named in this application. I hereby authorize all parties referenced in the preceding sentence to release in any manner any and all information which may be pertinent to my application, whether such information is public record or not. I also hereby release all persons, employers, agencies, schools, companies, or other parties from any damages resulting from furnishing such information.

I swear or affirm that the information reported in this application and any accompanying material is complete and accurate.

Date

Signature

Additional responses may be required of an applicant.

COMPLETION OF THE APPLICATION FOR GUBERNATORIAL PARDON AND/OR COMMUTATION OF SENTENCE, WHICH MUST BE IN FULL, MEANS ONLY THAT THE APPLICANT MAY BE CONSIDERED FOR A PARDON AND/OR COMMUTATION, NOT THAT ONE WILL BE GRANTED.

Promptly notify us concerning any change of address or change in telephone listing.

Return completed Application for Gubernatorial Pardon and/or Commutation of Sentence with required attachments to:

Office of the Governor
700 Capitol Avenue
Frankfort, Kentucky 40601
ATTN: Office of the General Counsel