

APPLICATION FOR CLEMENCY

(Please read rules and check box for type of clemency desired. Must be filed with court papers)

- | | |
|--|---|
| <input type="checkbox"/> Full Pardon | <input type="checkbox"/> Commutation of Sentence |
| <input type="checkbox"/> Pardon Without Firearm Authority | <input type="checkbox"/> Specific Authority to Own, Possess or Use Firearms |
| <input type="checkbox"/> Remission of Fine or Forfeiture | |
| <input type="checkbox"/> Restoration of Alien Status Under Florida Law | |

PLEASE PRINT OR TYPE

Name When Convicted: _____

Current Name: _____

Other Names Used: _____

Date of Birth: _____ Race: _____ Sex: _____ Social Security No.: _____

Driver License No.: _____ Prison or Probation No.: _____

U.S. Citizen? _____ If no, Immigration registration
no.: _____)

Home Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

Home Telephone No.: _____ Daytime Telephone No.: _____

E-mail Address: _____

CONVICTIONS: (Please list each conviction giving all requested information. If you have more than two convictions, please attach a separate sheet of paper listing all the required information.)

Court _____ County/State _____

Date Convicted _____ Date of Sentence _____

What was your sentence? _____

Date you completed expiration of sentence, probation, or parole:(Underline proper one)

(Signature)

(Date)

Attorney Name, Address & Telephone Number: (NOTE: You do not need an attorney for this process.)

() Attached hereto is a certified copy of charging instrument (indictment or information) and copy of judgment and sentence for each conviction.

NOTE: This application form is available on the internet at www.state.fl.us/fpc/exclem.html.
If seeking restoration of civil rights only, please use Form # 1501A.

Mailing address: Office of Executive Clemency
2601 Blairstone Road, C-229

