

**STATE OF NEW JERSEY
PETITION FOR EXECUTIVE CLEMENCY**

INSTRUCTIONS: All questions must be answered in full. Use typewriter or print in ink. In the event that this form does not provide sufficient space for any answer attach additional sheets and number your answer accordingly. If you are confined in a correctional facility, this form must be completed and forwarded to the Chief Executive Officer of the correctional facility where you are confined. In all other cases the completed petition should be completed and mailed to:

New Jersey State Parole Board
CN 862
Trenton, NJ 08625

NOTE: It is necessary that you support this petition with documentation (i.e.; copies of high school diploma, college transcripts, marriage license, proof of employment, proof of citizenship, if applicable etc.).

If you are represented by an attorney or other party please indicate to whom should all communications relating to this petition be addressed.

NAME: _____

ADDRESS: _____

TELE: _____

TO THE GOVERNOR OF NEW JERSEY:

_____ residing at _____
(name) (city)
_____ being duly sworn to law on oath says:
(state) (zip)

I hereby petition for Executive Clemency by way of (check one below):

- Commutation of Sentence Remission Of Fine
 Pardon Other

1. List any other names by which you have been known:

2. What is your reason for seeking clemency?

3. State briefly why you believe you should be granted clemency:

4. Date Of Birth: _____
Place Of Birth: _____
Country: _____
Driver's Lic. #: _____

5. If you were not born in the United States complete below.

When did you first enter the United States? _____

Port of entry: _____

Under what name did you enter? _____

Are you a naturalized citizen of the United States?

Yes Date of naturalization _____

No Given alien registration number _____

Are you presently under an order for deportation or are deportation proceedings pending?

Yes No

Are you under an immigration detainer?

Yes No

6. For each member of your family give the following information:

NAME ADDRESS OCCUPATION (If deceased, give age at death)

Father _____

Mother _____

Brothers _____

Sisters _____

7. Were your parents ever separated or divorced?

Yes No

8. Grammar School attended: _____

Junior High _____

High School _____

College _____

Trade/Professional School _____

9. Were you ever married?

Yes No

(If "yes" complete the following)

NAME USED WIFE'S MAIDEN NAME DATE AND PLACE OF MARRIAGE

Did any marriage result in annulment legal separation, or divorce?

Yes No

(If "yes" please provide)

NAME / LOCATION OF COURT DATE OF DECREE TYPE / CONDITIONS OF DECREE

10. How many children do you have? _____

Give the following information about your children and any others who are dependent upon you for support:

NAME	DATE OF BIRTH	ADDRESS/IF DECEASED, DATE OF DEATH
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11. List each job you have held and give the following information regarding each position:

EMPLOYER

DATE EMPLOYED

POSITION HELD

SALARY

REASON FOR LEAVING

EMPLOYER

DATE EMPLOYED

POSITION HELD

SALARY

REASON FOR LEAVING

12. List your social security #: _____

13. Religious affiliation: _____

Name of church: _____

14. Provide names and addresses of any social clubs, unions, fraternal groups or other community organizations to which you have belonged:

15. Have you ever served in the United States Armed Forces?

Yes

No

If "yes" in what branch did you serve? _____

Date & Place of entry: _____

Serial, service or identification number: _____

Highest rank: _____

Discharge: Honorable Dishonorable General
 Bad Conduct Other (explain)

Date of discharge: _____

Do you have a disability that is recognized by the Veteran's Administration?

Yes No

If you do, describe the degree of your disability and indicate amount of financial benefit received per month: _____

16. Record of arrests (list each time you were arrested whether or not a conviction resulted. If you are uncertain of any details your statement to that effect will remove grounds for rejection of this petition for falsification).

Date of arrest _____	Date of arrest _____
Final Charge(s) _____	Final charge(s) _____
Location of court. _____	Location of court. _____
Date of sentence _____	Date of sentence _____
Sentence/Judge _____	Sentence/Judge _____

Date of arrest _____	Date of arrest _____
Final Charge(s) _____	Final charge(s) _____
Location of court _____	Location of court _____
Date of sentence _____	Date of sentence _____
Sentence/Judge _____	Sentence/Judge _____

17. Indicate the circumstances surrounding each arrest: _____

18. List each instance of incarceration in a correctional facility:

NAME & LOCATION OF FACILITY	DATE ENTERED	DATE RELEASED
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19. Have you ever appealed the conviction or sentence for which you are seeking clemency?

Yes No

If "yes" please indicate the name of the court docket number, and date disposition of the Appeal: _____

Are any appeals currently pending? Yes No

If "yes" what jurisdiction? _____

Have you ever filed a motion for post conviction relief? Yes No

If "yes" please indicate the disposition and the date of disposition?

20. List each instance of parole or probation:

DATE SUPERVISION BEGAN	OFFICE	DATE OF DISCHARGE

List each instance of parole or probation revoked:

21. Have you ever been hospitalized for treatment of a psychological disorder?

Yes No

If "yes" provide the name of the treating facility and the dates of treatment:

INSTITUTION	DATE ENTERED	DATE RELEASED

22. Have you ever had a court restraining order placed against you for a domestic violence-related incident? Yes No

Please provide details _____

23. Have you ever received treatment for alcohol/and or drug addiction?

Yes No

If "yes" complete the following for each period treatment you experience:

Name of treatment facility: _____

Location: _____

Date entered: _____

Number of days in treatment: _____

Date discharged: _____

Reason for discharge: _____

Did you successfully complete the program? Yes No

If "no" indicate reason for failure to complete the program: _____

Did the court ever order treatment? Yes No

If "yes" please indicate date and court for each order to attend treatment: _____

24. Have you ever participated in outpatient counseling for alcohol or drug addiction?

Yes No

If "yes" please indicate frequency of counseling, location, name of treatment professional: _____

25. Have you ever participated in Alcoholics Anonymous and/or Narcotics Anonymous?

Yes No

If "yes" please indicate location and frequency of meeting attendance:

26. Have you ever returned to active drug or alcohol use after attending Alcoholics Anonymous/Narcotics Anonymous or after having received professional treatment?

Yes No

If "yes" please indicate details of relapse: _____

Have you ever participated in any alcohol or drug treatment programs during your present confinement? Yes No

If "yes" please indicate the names of the programs, dates of participation, and provide copy of certificates of completion if possible _____

27. List any other institutional program you are currently participating in or completed during your present confinement: _____

28. Please provide a detailed history of your alcohol and drug use. Include at what age you began, substances of choice, frequency of use, ever sold drugs, amount of money spent on drug and alcohol use, and/or if you were ever charged with Driving Under the Influence of Drugs or Alcohol. Please use a separate blank sheet of paper to answer this question.

29. Have you ever in past applied to the Governor of New Jersey for Executive Clemency? Yes No

If "yes" give the date of application: _____

Type of clemency sought: _____

Disposition: _____ Date: _____

30. This petition is subject to a complete investigation. However, the petitioner has the right to request that the Board refrain from contacting individuals such as employers or others. Any limits placed on the investigation by the petitioner will be evaluated by the Board in its consideration of this case. Do you desire any such limitation to be placed on the investigation? Yes No

If "yes" list those not to be contacted: _____

NOTE: If this petition is for a Pardon, attach testimonials addressed to the Governor from at least two (2) persons who have knowledge of your community adjustment during the past two (2) years and, if possible, who are aware of the crime(s) for which clemency is sought; or attach a statement explaining why you cannot furnish such testimonials. If this petition is for a Commutation of Sentence testimonials are not required.

Petitioner's Signature _____

Sworn and subscribed to before me this
_____ day of _____ 20____
at _____
in the County of _____
State of _____

(Notary Public or other authorized to take oaths)