

**THE COMMONWEALTH OF MASSACHUSETTS
PARDON PETITION**

_____,
DATE

_____,
YEAR

TO HIS EXCELLENCY, THE GOVERNOR:

I, _____
(NAME OF PETITIONER)

ADDRESS _____
(Street Address, City, State, Zip Code)

DATE OF BIRTH _____

HAVING BEEN CONVICTED OF THE CRIME (S) OF _____

FOR WHICH I WAS SENTENCED ON _____

in the _____ Court

To Serve A Term Of _____

(IF NECESSARY, USE ADDITIONAL PAPER)

**DO HEREBY PETITION FOR A PARDON OF SAID CRIME (S), EITHER ABSOLUTE OR UPON SUCH
CONDITIONS AND LIMITATIONS AS MAY BE DEEMED PROPER.**

- RETURN TO: -

**GOVERNOR'S EXECUTIVE COUNCIL
ROOM 184
STATE HOUSE
BOSTON, MA 02133**

NOTICE:

This form must be completed by all pardon petitioners.

Applications must be typewritten or clearly printed in ink. All questions must be answered. If the question does not apply, please indicate by answering N/A (not applicable). If the space provided is not sufficient for complete answers, or if you wish to furnish additional information, please use additional paper and number your answers to correspond with the questions.

<u>THIS SPACE IS FOR AGENCY USE ONLY</u>	Date Petition Received _____
	Date of Hearing _____
	Vote _____
	Report to Governor _____
	Pardon _____

I. PERSONAL DATA

Name _____

Other Name (s) (if any) _____

Present Address _____
(Street Number, Street Name)

(City, State, Zip)

Permanent Address (if different from above) _____
(Street Number, Street Name)

(City, State, Zip)

Date of Birth _____ Place of Birth _____

Social Security Number _____ / _____ / _____ Sex: Male Female

Parent's Names _____
(Mother) (Mother's Maiden Name)

(Father)

Home Telephone # () _____

Please List Previous Addresses For The Past Five Years:

(1) _____
(Street Number, Street Name)

(City, State, Zip)

(2) _____
(Street Number, Street Name)

(City, State, Zip)

(3) _____
(Street Number, Street Name)

(City, State, Zip)

Marital Status: Single _____ Married _____ Divorced _____ Separated _____

Date and Place of Present Marriage _____

Your Maiden Name (If Female) _____

Children _____ Ages _____

II. EDUCATION AND TRAINING

Highest Grade Completed _____

Name of School _____

Type of Degree _____

Location of School _____
(City, Town, State)

III. MILITARY SERVICE

Branch of Service _____

Serial Number _____

Dates of Active Duty From: _____ To: _____

Types of Discharge _____

IV. EMPLOYMENT

Present Place of Employment _____

(Name of Employer)

(Street Number and Name)

(City, State, Zip)

(Telephone Number)

Length of Time _____

Type of Employment _____

Previous Employment (Please list employer's name, address and dates of
employment for the last ten years.)

V. PARDON INFORMATION

1. Please describe EACH arrest and conviction for which a pardon is sought and give the following information: Location of offense, arresting department, circumstances of arrest, name and location of court and disposition of the case by the court. (If necessary, use additional paper.)

2. If a crime, for which you are seeking a pardon, involved a violation of bail, probation or parole conditions, please indicate which offense listed above involved the violation and describe the circumstances of such violations. (If necessary, use additional paper.)

3. Have you ever been arrested by federal authorities or any other state or local authority, other than Massachusetts?

_____ (YES)

_____ (NO)

If the answer to the above question is "YES," please list every such arrest and give the following information for each arrest: date of arrest, specific charge(s), location of offense, arresting department, the name and location of the court and the disposition. (If necessary, use additional paper.)

4. Has your probation or parole supervision been terminated prior to this date?

(YES)

(NO)

5. To the best of your knowledge, are you eligible for relief under the sealing statute, Massachusetts General Laws, Chapter 276, section 100A? (Refer to Governors' Guidelines for summary of statute.)

(YES)

(NO)

6. Please explain why you are seeking a pardon. Be specific in addressing your compelling need. (If necessary, use additional paper.)

7. Have you met the time requirements outlined in Paragraph 1. a. of the Governor's Pardon Guidelines?

(YES)

(NO)

If not, please state the reasons for which you are requesting that the Governor waive these time requirements. (If necessary, use additional paper.)

VI. FIREARMS PERMIT

1. Federal and State law prohibits you from obtaining a firearms permit where the pardon specifically prohibits you from carrying, transporting, possessing, and/or receiving firearms. Are you requesting authorization to possess a firearm?

(YES)

(NO)

2. If the answer to the preceding question is "YES," have you included with your petition a letter from the Chief of Police of your city or town indicating that he or she would approve your application for a gun permit?

(YES)

(NO)

VII. COMMUNITY ACHIEVEMENTS

Petitioner must demonstrate a substantial period of good citizenship since conviction. Good citizenship shall mean both incident free behavior (but dispositions which are not exculpatory, such as, continuances without a finding, filings, or no-contest pleas, may not be considered incident free behavior) and specific achievements. Please indicate examples of stable and constructive conduct and specific achievements. (If necessary, use additional paper.)

VIII. REFERENCES

Have you included with your pardon application at least three (3) letters of recommendation from persons other than you or your family attesting to your good character and reputation?

(YES)

(NO)

Please list the names and addresses of the individuals who are writing letters of recommendation on your behalf.

(Name)	(Address)	(Relationship)

PLEASE NOTE

1. **If you retain an attorney, a duplicate of the registration filed by your counsel, or other representative with the Secretary of State pursuant to Massachusetts General laws, Chapter 127, Section 167 must accompany this petition.**
2. **All information presented in sections I through VIII of this application must be completed and mailed with your petition to the:**

**Governor's Executive Council
Room 184
State House
Boston, MA 02133**

3. **A letter from a person other than yourself or a family member, should be included with your pardon application verifying your compelling and specific need and period of good citizenship.**
4. **It is also your obligation to provide written verification of your specific compelling need, such as a letter of verification from an employer and/or licensing authority, or a letter of rejection from an employer or licensing authority which indicates that you would not be hired and/or licensed unless you have been pardoned.**

The information provided in this petition is true to the best of my knowledge.

Signature of Petitioner

Date



The Commonwealth of Massachusetts

William Francis Galvin, Secretary of the Commonwealth
Public Records Division

DATE:

NAME OF PETITIONER: _____

Please type or print

In conformity with the provisions of General Law, Chapter 127, Section 167, I hereby certify that I am acting for the person above named with the written consent of the applicant in connection with a petition for _____

(Insert one of the following: Pardon, Parole, Respite or Commutation of Sentence.)

I further certify that none of the provisions of Section 166 of said Chapter has been violated and that I have not received, nor have I been promised, and I do not expect to receive nor to be promised, any money or other reward for so acting except fees for legal services in the amount of _____ dollars. These services are to be rendered in preparation for hearings and in the conduct of hearings before the Parole Board or other duly constituted tribunals of the Commonwealth.

This statement is made under the penalties of perjury.

Signature

Print or type below

NAME

ADDRESS

Chapter 127: Section 166 Payment or receipt of money for obtaining pardon, parole, commutation of or respite from sentence

Section 166. No person shall, in the attempt to procure, or for the procurement of, any pardon, parole, commutation of or respite from sentence of a prisoner then confined in, or at liberty after having been confined in, any of the penal institutions of this commonwealth, or then under sentence to serve a term of imprisonment in any of said institutions, knowingly pay or offer to pay, or solicit, offer to receive or receive, either by way of gift or of reward or of compensation for services, or otherwise, except for proper legal services, any money or other thing of value, or shall transmit the same from one person to another; nor in such attempt or for such procurement shall any person make, or offer or promise to make, or to procure or induce the making of, any appointment to any position, whether or not in the public service.

Chapter 127: Section 167 Persons representing applicants for pardons, parole or commutation of sentence; statements

Section 167. No person shall represent or purport to represent any prisoner then confined in, or at liberty after having been confined in, any of the penal institutions of this commonwealth or then under sentence to serve a term of imprisonment in any of said institutions, in the attempt to procure or for the procurement of any pardon, parole, commutation of or respite from sentence, unless such person shall first have filed in the office of the state secretary a written statement signed by him and made under the penalties of perjury, stating in substance that none of the provisions of section one hundred and sixty-six has been violated, that such person is acting with the written consent of the prisoner, and that such person has not received or been promised, and does not expect to receive or to be promised, any money or other reward for so acting, except fees or other reward for legal services, the amount of which fees or other reward and a detailed description of which services shall be set forth in such statement. If any person receives any additional fee or other reward for legal services different from that disclosed in the statement referred to in this section, such person shall forthwith file in the same form and manner as the original statement an additional statement setting forth the amount of such additional fees or the exact nature and extent of such reward, with a detailed description of the legal services rendered for such fee or reward. Said statements shall be kept as permanent records in the office of the state secretary and shall be open to public inspection at any reasonable time.

Chapter 127: Section 168 Violation of sections 166 and 167

Section 168. Whoever violates any provision of section one hundred and sixty-six or one hundred and sixty-seven shall be punished by a fine of not more than five thousand dollars or by imprisonment for not more than two years, or both.

Chapter 127: Section 169 Copy of sections 166 to 169; printing on petition for pardon forms

Section 169. A copy of sections one hundred and sixty-six to one hundred and sixty-nine, inclusive, shall be printed on the form of any petition for pardon, parole, commutation of or respite from sentence, but shall not be deemed a part of such petition.



The Commonwealth of Massachusetts
 Executive Office of Public Safety
 ADVISORY BOARD OF PARDONS



12 Mercer Road
 Natick, Massachusetts 01760

Telephone # (508) 650-4500
 Facsimile # (508) 650-4599

Deval L. Patrick
 Governor
 Timothy P. Murray
 Lieutenant Governor
 Kevin M. Burke
 Secretary

Maureen E. Walsh
 Chairman
 Donald V. Giangioppo
 Executive Director

ACKNOWLEDGEMENT RELEASE FORM

I, _____
(Print name of petitioner) (Date of birth) (Social security number)

currently residing at _____
(Complete address of current residence)

acknowledge that the Advisory Board of Pardons will authenticate information, documents, and records provided as part of my petition for executive clemency and during this process. I acknowledge that I may be subject to prosecution for perjury if I knowingly provide false information to the Board with respect to my petition for executive clemency or during any aspect of the this process.

I understand that:

- ◆ I must sign a release of information form provided by the Advisory Board of Pardons for the keeper-of-records for each entity holding the information presented for consideration;
- ◆ A representative of the Advisory Board will contact all character references; and
- ◆ I am responsible for all costs associated with obtaining such authentication.

* * *

I further state that the information contained in my petition for executive clemency and any documents attached are true and accurate.

Signed under the pains and penalties of perjury this ____ day of _____, 2007.

 Signature of Petitioner



RELEASE OF INFORMATION

I, _____, _____, _____
(Print name of petitioner) *(Date of birth)* *(Social security number)*

Currently residing at _____
(Complete address of current residence)

Please check all that apply:

- Hereby authorize the National Personnel Records Center, or any other custodian of my military service record, to release to the Massachusetts Parole Board, acting in its capacity as the Advisory Board of Pardons, a copy of my Form DD214 and any other documents related to my character and discharge from my military service record.

- Hereby authorize any representative of the Massachusetts Parole Board and Advisory Board of Pardons bearing a copy of this release to obtain any information in your files pertaining to my employment, educational records including, but not limited to academic, achievement, personal history, disciplinary and credit records and I direct you to release copies of such information upon request to the bearer.

- Hereby authorize physicians, clinics, hospitals and other medical personnel to furnish copies of my medical records or other information concerning my medical history as requested by the Massachusetts Parole Board acting as the Advisory Board of Pardons.

I understand these documents will be sent directly to the Advisory Board of Pardons to be considered with my petition for executive clemency.

Signature of Petitioner

Date