

Sentence

Period of Incarceration

Place Incarcerated

11. If ever incarcerated, state each instance the Applicant received disciplinary action. (Include the basis for the action and discipline received.):

12. Conviction(s) for which the pardon is sought: _____

13. List the Applicant's five most recent employers:

1)	_____	_____	_____
	Employer's Name	Employer's Address	
	_____	_____	_____
	Supervisor	Period Employed	Reason for Leaving
2)	_____	_____	_____
	Employer's Name	Employer's Address	
	_____	_____	_____
	Supervisor	Period Employed	Reason for Leaving
3)	_____	_____	_____
	Employer's Name	Employer's Address	
	_____	_____	_____
	Supervisor	Period Employed	Reason for Leaving
4)	_____	_____	_____
	Employer's Name	Employer's Address	
	_____	_____	_____
	Supervisor	Period Employed	Reason for Leaving
5)	_____	_____	_____
	Employer's Name	Employer's Address	
	_____	_____	_____
	Supervisor	Period Employed	Reason for Leaving

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

15. Names and addresses of three non-family references:

1) _____
2) _____
3) _____

16. Has the Applicant ever received a pardon? _____

17. Has the Applicant ever been on parole? _____ If yes, has the Applicant ever been found

in violation of any terms or conditions of the parole? _____ If yes, explain on extra paper.

18. Has the Applicant ever been on probation? _____ If yes, state the name(s) and address(es) of the Applicant's probation officer(s):

and whether the Applicant has ever been found in violation of any terms or conditions of the probation? _____ If yes, explain on extra paper.

19. In a separate letter, which must accompany the Application, state the extenuating circumstances supporting the basis for the pardon request.

20. Letters of recommendation in support of the request for pardon must accompany the Application. Letters 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.

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

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I SWEAR OR AFFIRM THAT THE INFORMATION REPORTED IN THIS APPLICATION FOR PARDON AND ANY ACCOMPANYING MATERIAL IS COMPLETE AND ACCURATE.

Date

Signature

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

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

Return completed Application for Pardon with letter which states the extenuating circumstances supporting the basis for the pardon request to:

Office of the Governor
700 Capitol Avenue

Frankfort, Kentucky 40601