



Application for Pardon/Commutation

STATE OF MINNESOTA BOARD OF PARDONS

Applicant:

THIS APPLICATION IS A SWORN AFFIDAVIT. MISREPRESENTATION OF FACTS CAN/WILL DISQUALIFY YOU.

1. Applicant was tried and convicted of _____
 Pled guilty to _____ (offense)

On _____ in _____ County _____ Court in the
 (Date) (Municipal - county - district)

City of _____, Minnesota. The court sentenced applicant to _____

 (Describe terms and conditions of sentence)

2. Applicant was discharged from the sentence on _____ and has been law-abiding since that time.
 (Date)

3. The following individuals were involved in the criminal proceeding for the above-noted offense(s):

Name of trial judge	Address	City, State, Zip Code
Name of prosecuting attorney	Address	City, State, Zip Code
Name of defense attorney	Address	City, State, Zip Code
Name of victim (if known)	Address	City, State, Zip Code

4. Applicant's full and correct name, date of birth, birthplace, and aliases are:

Applicant's full and true name (last, first, middle)	Date of birth (month, day, year)	Birthplace
Aliases (list all names under which applicant may be known)		

5. Applicant's occupancy and residence during the five years immediately preceding conviction (use another sheet of paper if necessary)

Dates	Address	City, State, Zip Code

6. Please list any other offense(s) for which you have been convicted, indicted, arrested:

<u>Date</u>	<u>Offense</u>	<u>County/State</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. MN Stat. 638.06 subd.4 requires that an applicant provide the Board of Pardons a “succinct statement of the evidence adduced at trial, with the endorsement of the judge or county attorney who tried the case that the statement is substantially correct. If this statement and endorsement are not furnished, the reason for failing to furnish them shall be stated.” Failure to comply with this section may disqualify your application.

8. Applicant has initiated the following actions to challenge his/her conviction and/or sentence:
 Appeal of conviction Post conviction action Appeal sentence Habeas Corpus action

9. The grounds for the challenge (s) were: _____

10. The decision(s) of the court(s) in each of the above actions was (were): _____

11. Applicant was represented by: Self (pro se) Private attorney _____ (Name)
 Public defender. _____ (Name)

12. Applicant asks that a **Pardon** **Commutation** be granted on the following grounds:
 Innocence Entrapment Inadequate counsel Unfair trial Excessive sentence in light of plea bargain
 Excessive sentence in light of that given accomplice Institutional adjustment Personal situation

13. The following facts support applicant’s position that a Pardon or Commutation should be granted: _____

I hereby declare under oath that all of the information provided on this application is true and correct. I also authorize any agency or individual in Minnesota or any other local, state or federal unit of government to provide to staff of the Minnesota Board of Pardons any and all information relating to my application including records of arrests and convictions. Finally, I agree that all information on this application and any information obtained by Board of Pardons staff shall be considered public data under the Minnesota Government Data Practices Act.

Respectfully submitted,

Applicant's Signature
Address
City, State, Zip Code
Telephone (Include area code)
Date

Note:
Additional pages may be added or the reverse side of this sheet may be used by the applicant, if necessary to complete the application.

Return to: Minnesota Board of Pardons
1450 Energy Park Drive, Suite 200
St. Paul, Minnesota 55108-5219
651/642-0284

Subscribes and sworn to before me
this _____ day of _____, 20__.

Notary