

STATE OF WISCONSIN
OFFICE OF THE GOVERNOR



APPLICATION FOR EXECUTIVE CLEMENCY

Materials voluntarily submitted by, or on behalf of, the applicant during the executive clemency application process, may be used for purposes other than consideration for executive clemency and are subject to Wisconsin's open records laws. Wis. Stat. § 15.04(1)(m).

TYPE OR PRINT CLEARLY

Type of clemency requested (check one): Pardon _____ Reprieve _____ Commutation _____

Have you applied for clemency before? No ___ Yes ___ **If yes, year application was decided:** _____

I. PERSONAL & CONTACT INFORMATION

Name (First, Middle, Last): _____

Other names you have used (Maiden, etc.): _____

Sex: Male: _____ Female: _____ **Date of Birth** (Month, Day, Year): _____

Social Security Number: _____ - _____ - _____

Race: (*Optional*. For statistical use only):

African-American ___ American Indian ___ Hispanic ___ White ___ Asian ___ Other _____

Home address (*Notify the Board of any change of address.*)

Street/P.O. Box/Route: _____

City: _____ State: _____ Zip: _____

Mailing address (*All correspondence will be sent here. Notify the Board of any change of address.*)

Street/P.O. Box/Route: _____

City: _____ State: _____ Zip: _____

Telephone number(s) (Include area code) (*Notify the Board of any change of phone number.*):

Home: _____ Work: _____

Cell: _____

E-mail address (*Optional*): _____

II. CRIMINAL HISTORY

1. **List all crimes for which clemency is requested.** *Attach an extra sheet of paper if necessary.*

Crime	Date of crime	Date of sentencing	Sentence received	Date of discharge	Place(s) of incarceration (if applicable)
(1)					
(2)					
(3)					

2. For **each** crime listed above, attach a **certified copy** of

- **Criminal Complaint**
- **Judgment of Conviction**

Certified copies may be obtained from the Clerk of Courts in the jurisdiction of conviction. Uncertified copies will not be accepted.

3. **If you are not automatically eligible to apply for clemency and received a waiver, attach a copy of the approved waiver.**

4. **Were you ordered to pay restitution for any of the crimes listed above?** Yes ___ No ___
 If yes, have you paid the full amount ordered? Yes ___ No ___

5. **Have you been convicted of any crimes other than those listed above?** Yes ___ No ___
 If yes, provide the following information in your own words on a separate sheet of paper:

- The date(s) of the crime(s) for which you were convicted
- Whether the crime was a felony or misdemeanor
- The sentence received
- The date of discharge (if applicable)
- A list of all negative contacts you have had with law enforcement personnel. Include the date of the contact(s) and the circumstances which lead to the contact(s).

3. Describe the reason(s) why clemency should be granted, including length of time since conviction, lack of subsequent criminal contacts, personal development and growth since conviction, documented need for clemency, etc. *Attach an extra sheet of paper if necessary.*

4. List your employment information for the last five (5) years. *Attach an extra sheet of paper if necessary.*

Employer	Position Held	Employer address and phone number	Name of supervisor	Dates of employment
(1)				
(2)				
(3)				
(4)				

5. Highest grade completed or degree received: _____

6. Describe education received since conviction. List all courses, programs, certificates, or degrees completed, including prison programs. Transcripts, diplomas, etc. may be attached.

7. Describe any community service/activities, or volunteer work you have participated in since conviction.

8. Enclose any letters of recommendation. *Strongly encouraged, though not required.*

9. Enclose any other relevant documents. *Optional.*

IV. NOTICE OF APPLICATION FOR EXECUTIVE CLEMENCY

Complete and mail notice forms to:

1. The judge(s) who presided over my conviction (s).
Judge _____ County: _____
2. The District Attorney(s) who oversaw my conviction(s).
District Attorney _____ County: _____
3. The Prison Records Office at Dodge Correctional Institution (*if applicable*)

If you are seeking clemency for multiple crimes, identify and mail notice forms to the judge, DA and records office for each conviction.

I certify, under penalty of perjury, that the information in this application is true to the best of my knowledge.

Applicant signature: _____ Date: _____
Applicant must sign in the presence of a Notary Public

FOR NOTARY USE ONLY:

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public Signature: _____

Notary Public Name (print): _____

My Commission expires: _____

STATE OF WISCONSIN
OFFICE OF THE GOVERNOR



NOTICE TO JUDGE
OF APPLICATION FOR EXECUTIVE CLEMENCY

TYPE OR PRINT CLEARLY

TO THE APPLICANT:

Fill out the information below. Mail this form directly to the judge who presided over your conviction. If you cannot locate the judge, mail the form to the Clerk of Courts in the county of conviction. Do not submit this form with your clemency application. It must be submitted by the judge or the Clerk of Courts.

Applicant Name: _____ Date of birth: _____

Mailing address: _____

The applicant was convicted in the county of _____
(Name of County)

of _____
(Crime(s))

and sentenced to _____ on _____
(Sentence) (Date of Sentencing)

Clemency sought (check one): Pardon ___ Reprieve ___ Commutation ___

TO THE JUDGE:

The Governor and the Governor's Pardon Advisory Board invite your opinion on whether the above-named applicant should be granted clemency. Your support of or opposition to clemency will be given significant weight by the Governor and the Board. If you have questions, please call (608) 266-1212. Thank you for your assistance.

Judges Comments: *(Support/Deny/NoOpinion)*

Judge's Signature: _____ Date: _____

Judge's Name (Print): _____

Please mail original to Governor's Pardon Advisory Board, 115 East State Capitol, Madison, WI 53702 and a copy to the applicant at the mailing address listed above.

STATE OF WISCONSIN
OFFICE OF THE GOVERNOR



NOTICE TO DISTRICT ATTORNEY
OF APPLICATION FOR EXECUTIVE CLEMENCY

TYPE OR PRINT CLEARLY

TO THE APPLICANT:

Fill out the information below. Mail this form to the District Attorney's office in the county of conviction. Do not submit this form with your clemency application. It must be submitted by the district attorney's office.

Applicant Name: _____ Date of birth: _____

Mailing address: _____

The applicant was convicted in the county of _____
(Name of County)

of _____
(Crime(s))

and sentenced to _____ on _____
(Sentence) (Date of Sentencing)

Clemency sought (check one): Pardon ___ Reprieve ___ Commutation ___

TO THE DISTRICT ATTORNEY OR ASSISTANT DISTRICT ATTORNEY:

The Governor and the Governor's Pardon Advisory Board invite your opinion on whether the above-named applicant should be granted clemency. Your support of or opposition to clemency will be given significant weight by the Governor and the Board. If you have questions, please call (608) 266-1212. Thank you for your assistance.

DA/ADA's Comments: *(Support/Deny/No Opinion)*

DA/ADA's Signature: _____ Date: _____

DA/ADA's Name (Print): _____

Please mail original to Governor's Pardon Advisory Board, 115 East State Capitol, Madison, WI 53702 and a copy to the applicant at the mailing address listed above.

STATE OF WISCONSIN
OFFICE OF THE GOVERNOR



NOTICE TO PRISON RECORDS OFFICE
OF APPLICATION FOR EXECUTIVE CLEMENCY

TYPE OR PRINT CLEARLY

TO THE APPLICANT:

Complete this form only if you served time in a correctional institution in Wisconsin. Mail this form to: Records Office, Dodge Correctional Institution, P.O. Box 661, Waupun, WI 53963-0661. Do not submit this form with your clemency application. It must be submitted by the prison records office.

Applicant Name: _____ Date of birth: _____

Department of Corrections Offender Number: _____

Mailing address: _____

The applicant was convicted in the county of _____
(Name of County)

of _____
(Crime(s))

and sentenced to _____ on _____
(Sentence) (Date of Sentencing)

Clemency sought (check one): Pardon ___ Reprieve ___ Commutation ___

TO THE PRISON RECORDS OFFICE:

The above-named applicant has applied for executive clemency. The Governor and the Governor's Pardon Advisory Board request that you mail a signed copy of the applicant's prison conduct report to:

**Governor's Pardon Advisory Board
115 East State Capitol
Madison, WI 53702**

If you have questions, please call (608) 266-1212. Thank you for your assistance.

STATE OF WISCONSIN
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APPLICATION CHECKLIST

Before submitting the application for executive clemency, review the checklist below and initial each item. Submit this form along with your application. Incomplete applications will not be processed.

1. _____ I have provided a complete and thorough answer to every question on the application for executive clemency.
2. _____ I have kept a photocopy of the clemency application in its entirety (application and all attachments) for my records.

I HAVE ENCLOSED THE FOLLOWING MATERIALS WITH MY APPLICATION:

3. _____ Criminal complaint for each crime for which I am seeking clemency. (Part II.2)
4. _____ Judgment of conviction for each crime for which I am seeking clemency. (Part II.2)
5. _____ Waiver, if required. (Part II.3)
6. _____ Additional information regarding my criminal history. (*Required if the applicant has been convicted of crimes other than the crime(s) for which the applicant is seeking clemency.*) (Part II.5)
7. _____ Letters of recommendation (*Recommended*) (Part III.8)
8. _____ Other relevant documents. (*Optional*) (Part III.9)
9. _____ Clemency application checklist.

I HAVE MAILED NOTICE FORMS TO THE PARTIES LISTED BELOW INFORMING THEM OF MY APPLICATION FOR EXECUTIVE CLEMENCY. (Do not submit these documents with your application. Mail them directly to the parties listed below.)

10. _____ The judge(s) who presided over my conviction(s).
11. _____ The district attorney(s) in the county of conviction(s).
12. _____ The prison records office(s) (if applicable).

Mail application materials to:

**Governor's Pardon Advisory Board
115 East State Capitol
Madison, WI 53702**