

Specify the Action You Are Requesting of the Governor
You can only choose one type of relief.

PARDON (complete relief from conviction and/or disabilities related to conviction)

COMMUTATION (reduction of sentence)

REPRIEVE (delay in imposition of sentence)

Have you previously applied for a commutation or pardon? YES NO N/A, if yes, indicate the year(s) _____

If less than three (3) years have passed since your last submission, are there new circumstances that you believe justify your petition? YES NO N/A, if yes, please attach a letter outlining new circumstances.

Does this application concern medical issues? YES NO N/A If yes, is it a terminal medical issue? YES NO

Does this application concern deportation or removal issues? YES NO N/A; If there is a deportation concern, it is helpful to the Board to receive a copy of the Order of Deportation and knowledge as to most recent check in or date of future check in. _____
Country of Citizenship

The Board reviews and hears Petitions for pardon or commutation only in cases in which judicial remedies for the conviction have been concluded to a final decision. Please affirm if you have submitted and been denied resentencing under the most recent law changes:

SB 5164, Resentencing of individuals sentenced as a persistent offender due to a robbery in the second degree:

Does this apply to you: YES NO N/A

If yes, have you exhausted? YES NO

RCW 36.27.130 (SB 6164), permits prosecutors in Washington state to ask a court to resentence defendants "if the person's sentence no longer advances the interests of justice."

Does this apply to you: YES NO N/A

If yes, have you exhausted? YES NO

RCW 10.95.030, if a minor at time of the crime, and requested re-sentencing hearing.

Does this apply to you: YES NO N/A

If yes, have you exhausted? YES NO

Have you exhausted all other applicable remedies available to you under the law, including a motion to vacate or motion to expunge or motion to seal the record? YES NO

Have all direct appeals been exhausted or has the time within which to appeal expired? YES NO

If you answered “yes” to any of the prior five (5) questions, please attach all documentary evidence demonstrating your efforts and the Court’s decision.

If not, please explain why: _____

If you are incarcerated, are you under the jurisdiction of the Indeterminate Sentencing Review Board? YES NO

Are you on community custody for an offense that places you under the jurisdiction of the Indeterminate Sentencing Review Board? YES NO

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

NAME: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

For each conviction(s) the Petitioner is seeking relief for please complete the following (Use additional paper, as needed, to complete your response.)

Crime or Offense: _____

Date of the Crime: _____

Date of Conviction: _____

County and State of Conviction: _____

Case Number: _____

Sentence Imposed: _____

Was there a Protective Order as a Result of this Crime? YES NO, if yes, is it still active? YES NO

Restitution/Costs Imposed: _____

If Restitution/Costs Imposed, what amount have you paid? _____

It is REQUIRED that you submit a copy of the JUDGMENT AND SENTENCE and CHARGING DOCUMENTS, i.e., Probable Cause, Information, Indictment, Complaint, for each conviction for which you are seeking relief from, if not provided the Petition will be deemed as incomplete.

Were you represented by an attorney? YES NO, if yes, please provide Name and WSBA# of your attorney at the time of conviction: _____

Was a weapon used in perpetration of the crime(s)? YES NO

If yes, what kind: _____

If the offense was committed against a person, please answer the following:

1. Was the victim known to you? YES NO, if yes, list the relationship _____
2. Was the victim injured? YES NO, if yes, mentally physically
3. Age of victim at time of offense: _____
4. More than one victim? YES NO, if yes, how many? _____
5. Was restitution ordered? YES NO; if yes, amount ordered: _____
How much has been paid? _____

Please provide the following information:

Are you currently serving a sentence? YES NO, if yes, what is your ERD? _____

On probation or community custody? YES NO, if yes, when is your discharge date? _____

Prior Convictions:

Have you ever been arrested, charged, or convicted of any offense at any other time? YES NO
The Board expects that all offenses to include misdemeanor, gross misdemeanor offenses, and traffic infractions to be included in answer to this question.

If yes, please provide the following information for each offense (use additional paper, as needed, to complete response for each conviction):

- a. Crime or Offense: _____
- b. Date of Crime or Offense: _____
- c. Sentence Imposed and date: _____
- d. County and state where convicted or charged: _____

Please describe the “extraordinary” circumstances that you think would justify granting your Petition for clemency. DO NOT write “see attached.”

Please describe your rehabilitation efforts after your conviction, if any. DO NOT write “see attached.”

Describe your prison record, if any, (include commendations, disciplinary actions, etc.) DO NOT write “see attached.”

Are you currently, or have you at in the past been, the subject of a do not contact order, restraining order or protective order? YES NO

If yes, for each such order, please describe, in detail, the nature of the order and identify the parties and case in which such order was issued.

If yes, please attach a copy of each such Order.

This petition and materials submitted with it will become a matter of public record once received by the Clemency and Pardons Board. Falsification of any portion of this application can be reason for denial.

This petition and materials submitted with it will become property of the Office of the Governor and will not be returned to the petitioner. Please keep a copy of the petition and attachment for your personal records.

I DECLARE UNDER PENALTY OF PERJURY THAT ALL THE CONTENTS OF THE ABOVE PETITION ARE TRUE AND CORRECT. I am aware that all of the information including but not limited to my work records, medical records, psychological records, my military service records, my criminal history, and my financial status that have been submitted in conjunction with this petition and any information obtained by the Washington State Clemency and Pardons Board staff pertaining to this petition may be considered public records under the Washington State Public Records Act, chapter 42.56.RCW and subject to public disclosure. Only the social security number will be redacted.

Signature of Petitioner: _____

Date of Signature: _____

