



# STATE OF NEW JERSEY

## PETITION FOR EXECUTIVE CLEMENCY

**INSTRUCTIONS:** All questions must be answered in full and printed legibly in ink or typed. In the event that this form does not provide sufficient space for any answer, attach additional sheets and number your answer accordingly. If you are confined in a correctional facility, this form must be completed and forwarded to the Administrator of the correctional facility where you are confined. In all other cases the completed petition should be mailed to:

New Jersey State Parole Board  
Attn: Clemency Unit  
P.O. Box 862  
Trenton, New Jersey 08625

**NOTE:** It would be helpful if you support this petition with documentation (i.e.; copies of high school diploma, college transcripts, marriage license, proof of employment, proof of citizenship, if applicable etc.); however, it is not necessary that you provide these documents.

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

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

**Attorney Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

1. Type of Executive Clemency sought by applicant (check one below):

- |  |  |
|--|--|
| <input type="checkbox"/> Pardon                  | <input type="checkbox"/> Remission of Fine |
| <input type="checkbox"/> Commutation of Sentence | <input type="checkbox"/> Other _____       |

2. List any other names by which you have been known:

\_\_\_\_\_  
\_\_\_\_\_

3. What is your reason for seeking clemency?

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4. State briefly why you believe you should be granted clemency:

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5. Date of Birth: \_\_\_\_\_ SBI No.: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_  
County of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

6. If you were not born in the United States, complete below.

When did you first enter the United States? \_\_\_\_\_

Port of entry: \_\_\_\_\_

Under what name did you enter? \_\_\_\_\_

Are you a naturalized citizen of the United States?

Yes Date of Naturalization: \_\_\_\_\_

No Give alien registration number: \_\_\_\_\_

Are you presently under an order for deportation or are deportation proceedings pending?  Yes  No

Are you under an immigration detainer?  Yes  No

7. For each member of your family give the following information:

	Name (if deceased, give age at death)	Address	Occupation
Father			
Mother			
Brothers			
Sisters			

8. Were your parents ever separated or divorced?  Yes  No

9. Please indicate the highest level of education you attended and the dates.

School	Date Attended	Date Completed

10. Were you ever married? (include civil union)  Yes  No  
(If "yes", please provide)

Name Used	Maiden Name	Date Married/ Civil Union	Place of Marriage/ Civil Union

Did any marriage or civil union result in annulment, legal separation, or divorce?

Yes  No

(If "yes", please provide)

Name of Court	Location of Court	Date of Decree	Type of Decree	Conditions of Decree

11. Do you have children?  Yes  No If yes, how many? \_\_\_\_\_

Give the following information about your children and any others who are dependent upon you for support:

Name	Address	Date of Birth

12. List each job you have held and give the following information regarding each position:

Employer: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Position Held: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Position Held: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Position Held: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

(Please use a separate sheet of paper for additional employers)

13. Religious affiliation: \_\_\_\_\_ Name of Church: \_\_\_\_\_

14. Provide names and addresses of any social clubs, unions, fraternal groups, or other community organizations to which you belong; include dates of participation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Have you ever served in the United States Armed Forces?  Yes  No  
(If "yes", please provide)

What branch did you serve? \_\_\_\_\_

Date and Place of entry: \_\_\_\_\_

Serial, service or identification number: \_\_\_\_\_

Highest rank: \_\_\_\_\_

Discharge:  Honorable  Dishonorable  General  
 Bad Conduct  Other (explain)

\_\_\_\_\_  
\_\_\_\_\_

Date of discharge: \_\_\_\_\_ (Provide official discharge documents)

Do you have a disability that is recognized by the Veteran's Administration?

Yes       No

If you do, describe the degree of your disability and indicate amount of financial benefit received per month:

\_\_\_\_\_  
\_\_\_\_\_

16. Record of arrests: (List each time you were arrested and whether a conviction resulted. If you are uncertain of any details, your statement to that effect may be grounds for rejection of this petition for falsification. If possible, provide any arrest reports or court documents [i.e., Pre-Sentence Investigation Report and/or Judgment of Conviction]. If you are not in possession of these documents, our office will request them from the court.)

Arrest Date: \_\_\_\_\_ Date of Sentence: \_\_\_\_\_

Location of Court: \_\_\_\_\_ Crime(s): \_\_\_\_\_

Sentence: \_\_\_\_\_

(Confinement, Probation, Fine, etc.)

Circumstances of Crime: \_\_\_\_\_

Arrest Date: \_\_\_\_\_ Date of Sentence: \_\_\_\_\_

Location of Court: \_\_\_\_\_ Crime(s): \_\_\_\_\_

Sentence: \_\_\_\_\_

(Confinement, Probation, Fine, etc.)

Circumstances of Crime: \_\_\_\_\_

Arrest Date: \_\_\_\_\_ Date of Sentence: \_\_\_\_\_

Location of Court: \_\_\_\_\_ Crime(s): \_\_\_\_\_

Sentence: \_\_\_\_\_

(Confinement, Probation, Fine, etc.)

Circumstances of Crime: \_\_\_\_\_

Arrest Date: \_\_\_\_\_ Date of Sentence: \_\_\_\_\_

Location of Court: \_\_\_\_\_ Crime(s): \_\_\_\_\_

Sentence: \_\_\_\_\_

(Confinement, Probation, Fine, etc.)

Circumstances of Crime: \_\_\_\_\_

Arrest Date: \_\_\_\_\_ Date of Sentence: \_\_\_\_\_

Location of Court: \_\_\_\_\_ Crime(s): \_\_\_\_\_

Sentence: \_\_\_\_\_

(Confinement, Probation, Fine, etc.)

Circumstances of Crime: \_\_\_\_\_

(Please use separate sheets of paper for additional arrests/convictions)

17. List each instance of incarceration in a correctional facility:

Name of Facility	Location of Facility	Date Entered	Date Released

18. Have you ever appealed the conviction or sentence for which you are seeking clemency?  Yes  No

(If "yes", please provide)

Name of Court	Docket Number	Date of Disposition of Appeal

Are any appeals currently pending?  
(If "yes", please provide)

Yes  No

What jurisdiction? \_\_\_\_\_

Have you ever filed a motion for post conviction relief?  
(If "yes", please provide)

Yes  No

Disposition	Date of Disposition

Have you applied for an expungement?  
(If "yes", please provide)

Yes  No

Disposition	Date of Disposition

19. List each instance of parole or probation including (PTI) Pre-Trial Intervention Program (PTI) and Conditional Discharge (CD):

Type of Supervision (Parole, Probation, PT, CD)	Date Supervision Began	District Office	Date of Discharge

List each instance of revocation of parole or probation:

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20. Have you ever had a court issue a restraining order against you for a domestic violence-related incident?  Yes  No  
 (If "yes". please provide)

Details of restraining order: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. Do you have any open, pending court matters?  Yes  No  
 (If "yes". please provide)

Court (Superior or Municipal)	Offense	Date of Arrest

22. Have you ever been hospitalized for treatment of a psychological disorder?  
 Yes  No  
 (If "yes". please provide)

Institution	Date Entered	Date Released

23. Please provide a detailed history of your alcohol and/or drug use.

Substance(s) of choice: \_\_\_\_\_

Frequency of use: \_\_\_\_\_

Age started: \_\_\_\_\_

Amount of money spent on use: \_\_\_\_\_

Ever sold drugs?  Yes  No

Ever charged with Driving Under the Influence?  Yes  No

(If "yes". please provide)

Disposition: \_\_\_\_\_



Have you ever received treatment for alcohol and/or drug addiction?

Yes  No

(If "yes", please provide information for each treatment you experienced)

Type of treatment: (Check all that apply)

Inpatient

Outpatient

Narcotics Anonymous (NA)

Alcohol Anonymous (AA)

Name of treatment facility: \_\_\_\_\_ Date entered: \_\_\_\_\_

Location: \_\_\_\_\_ Date discharged: \_\_\_\_\_

Number of days in treatment: \_\_\_\_\_

Reason for discharge: \_\_\_\_\_

\_\_\_\_\_

(Please provide additional pages for each instance of treatment)

Did you successfully complete the program?  Yes  No

(If "no", please indicate reason for failure to complete the program)

Explanation: \_\_\_\_\_

\_\_\_\_\_

Did the court ever order treatment?  Yes  No

(If "yes", please provide for each order)

Court	Date

24. Have you ever returned to active drug or alcohol use after attending Alcoholics Anonymous/Narcotics Anonymous or after having received professional treatment?

Yes  No

(If "yes", please provide)

Details of relapse: \_\_\_\_\_

\_\_\_\_\_

Have you ever participated in any alcohol or drug treatment programs during your present confinement?  Yes  No

(If "yes", please provide)

Name of Program	Dates of Participation

If possible, provide copy of certificate of completion to all programs.

25. List any other institutional programs you are currently participating in or completed during your present confinement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

26. Have you ever previously applied to the Governor of New Jersey for Executive Clemency?

Yes  No

(If "yes", please provide)

Date of Application	Type of Clemency Sought	Disposition	Date of Disposition

27. This petition is subject to a complete investigation. However, the petitioner has the right to request that the State refrain from contacting individuals such as employers or others. Do you desire any such limitation to be placed on the investigation?  Yes  No

(If "yes", please provide)

List of those not to be contacted: \_\_\_\_\_

\_\_\_\_\_

If this petition is for a Pardon, attach testimonials (letters of support) addressed to the Governor from at least two (2) persons who have knowledge of your community adjustment during the past two (2) years and, if possible, who are aware of the crime(s) for which clemency is sought; or attach a statement explaining why you cannot furnish such testimonials. If this petition is for a Commutation of Sentence, testimonials are not required.

Petitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and subscribed to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
at \_\_\_\_\_  
in the County of \_\_\_\_\_  
State of \_\_\_\_\_

\_\_\_\_\_  
(Notary Public or other authorized to take oaths)

**NOTE:** It is your responsibility to notify our office of any changes in your address or telephone number.



State of New Jersey  
NEW JERSEY STATE PAROLE BOARD  
P.O. Box 862  
TRENTON, NEW JERSEY 08625  
TELEPHONE NUMBER: (609) 292-4257

To Whom It May Concern:

I, \_\_\_\_\_ hereby authorize any law enforcement  
(Applicant's name)  
agency, insurance company, current or former employer(s), State and Federal income tax  
bureaus, educational institution, or any other named agency to furnish the New Jersey State  
Parole Board with any requested information and/or documents pertaining to myself, for the  
purpose of completing a confidential community investigation which is required for processing  
my application for Executive Clemency.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Identification No. (SS#; SBI #; etc.)

c: Copy for File  
Copy to Provider