



OFFICE OF THE GOVERNOR

APPLICATION FOR A COMMUTATION OF SENTENCE

Complete this application to request a commutation of sentence (a reduction of sentence/punishment) from the Governor. The Governor’s Office and/or the Board of Parole Hearings may contact you for additional information relating to this application. If the Governor grants you a commutation, some information from your application will appear in an annual public report about clemency the Governor is required to submit to the California Legislature. Learn more about the commutation application process at www.gov.ca.gov/clemency or mail a request for information to: Office of the Governor, Attn: Legal Affairs/Parole and Clemency, 1021 O Street, Suite 9000, Sacramento, CA 95814.

APPLICANT INFORMATION
(Attach additional pages as necessary.)

Name (Last/First/Middle): _____ Date of Birth: _____

CDCR Number: _____ Social Security Number: _____

Name of Facility/Prison: _____ Facility/Prison Address: _____

1. Conviction Summary (Note: The Governor’s Office will review a complete copy of your criminal history report.)

Table with 4 columns: Crime(s), Date(s) of conviction, County of conviction(s), Sentence(s). Header: List conviction(s) for which you are requesting a commutation of sentence.

Were you under 26 years of age at the time of the crime(s) for which you are seeking a commutation of sentence? [] YES [] NO

Table with 4 columns: Crime(s), Date(s) of conviction, Location of conviction(s), Sentence(s). Header: List all prior conviction(s) in California, any other state or country, or in federal court.

2. Describe the circumstances of your crime(s).

3. Describe how a commutation of sentence may impact your life.

4. Describe your life since your conviction (e.g., efforts in self-development, including identifying and addressing treatment needs, professional and educational achievement; any set-backs, conduct violations, or new convictions; insight about past conduct; and future goals).

5. If you have paid any money or given any gift to anyone to assist you in preparing this application, you are required by law to list their name, address, phone number, email address, the nature of your relationship, and amount paid or gift given.

APPLICANT DECLARATION

Complete the following statement after you have served your Notice of Intent

I, _____, declare under penalty of perjury under the laws of the State of
(Print Applicant Full Name)

California that the information I have provided on this application is true and correct. I further declare that I have served (mailed or

delivered) my notice of intent to apply for clemency on the District Attorney of the County of _____.
(Name of County or Counties)

Applicant Signature

Date

Submit this completed 2-page form to the **Office of the Governor, Attn: Legal Affairs/Parole and Clemency, 1021 O Street, Suite 9000, Sacramento, CA 95814**. You may, but are not required to, include copies of relevant documents that support your application (e.g., certificates of achievement, photographs, letters of support, etc.). Do not send original documents, as application documents cannot be returned. Please update the Governor’s Office promptly if your contact information changes. Submit a completed [Notice of Intent to Apply for Clemency](#) to the district attorney in the county of your convictions for which you are seeking a commutation of sentence.