



OFFICE OF THE GOVERNOR

APPLICATION FOR PARDON

Complete this application to request a gubernatorial (governor’s) pardon. This application is for a direct pardon; do not complete this form if you have been granted a Certificate of Rehabilitation. The Governor’s Office and/or the Board of Parole Hearings may contact you for additional information relating to your application. If the Governor grants you a pardon, some information from your application will appear in a public report about clemency submitted to the California Legislature each year. Learn more about the pardon 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: _____ Social Security Number: _____

Residence Address: _____

Mailing Address (if different): _____

Home/Cell Phone: _____ Work Phone: _____ Email: _____

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 pardon.

Were you under 26 years of age at the time of the crime(s) for which you are seeking a pardon? 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 pardon may impact your life (e.g., immigration consequences, employment opportunities, impact on family members, civic participation).

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, arrests, and 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 to Apply for Clemency.

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 & 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 pardon.