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# Petition for Pardon After Completion of Sentence

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Please read the accompanying instructions carefully before completing the application. Type or print the answers in ink. Each question must be answered fully, truthfully, and accurately. If the space for any answer is insufficient, you may complete the answer on the optional continuation page or on a separate sheet of paper and attach it to the petition. You may attach any additional documentation that you believe is relevant to your petition. The submission of any material, false information is punishable by up to five years' imprisonment and a fine of not more than \$250,000. 18 U.S.C. §§ 1001 and 3571.

## To The President of the United States:

The undersigned petitioner prays for a pardon and in support thereof states as follows:

1. **Full name:** \_\_\_\_\_  
*First Middle Last*

**Address:** \_\_\_\_\_  
*Number Street City State Zip Code*

**Telephone Number:** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_  
*(area code)*

**Date and place of birth:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_

**State in full every other name by which you have been known, including the name under which you were convicted, the reason for your use of another name, and the dates during which you were so known (i.e., include your maiden name, name by a former marriage, aliases, and nicknames).**

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**Are you a United States citizen?**  yes  no

*If you are not a U.S. citizen, state your nationality and your alien registration number. If you are a naturalized U.S. citizen, state the date and place of your naturalization.*

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**Have you ever applied for a presidential pardon before?**  yes  no

*If yes, state the date you applied for pardon, and the date you were notified of the final disposition of the petition.*

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**Offense(s) For Which Pardon Is Sought**

*Under the Rules Governing Petitions for Executive Clemency, a minimum waiting period of five years after completion of sentence is required before you become eligible to apply for a presidential pardon. The waiting period begins on the date of release from confinement. If the conviction resulted in probation or a fine with no term of imprisonment, the waiting period begins on the date of sentencing. Please see paragraph 3 of the Information and Instructions on Pardons.*

2. **Petitioner was convicted on a plea of \_\_\_\_\_ in the United States District**  
*(guilty, not guilty, nolo contendere)*

**Court for the \_\_\_\_\_ District of \_\_\_\_\_ of the crime of:**  
*(Northern, Western, etc.) (identify state)*

*(State specific offense; provide citation of statute(s) violated, if known)*

**and was sentenced on \_\_\_\_\_, \_\_\_\_\_ to  imprisonment for \_\_\_\_\_,**  
*(month/day) (year)*

**probation/supervised release for \_\_\_\_\_,  a fine of \$ \_\_\_\_\_, and  restitution**  
**of \$ \_\_\_\_\_. Petitioner was \_\_\_\_\_ years of age when the offense was committed.**

3. **Petitioner began service of the sentence of (imprisonment probation) on \_\_\_\_\_, \_\_\_\_\_;**  
*(month/day) (year)*

**was released on \_\_\_\_\_, \_\_\_\_\_ from \_\_\_\_\_; began service of**  
*(month/day) (year) (Federal institution)*

**probation/supervised release on \_\_\_\_\_, \_\_\_\_\_; and completed the sentence on**  
*(month/day) (year)*

**\_\_\_\_\_, \_\_\_\_\_. Petitioner ( did  did not) appeal the conviction.**  
*(month/day) (year)*

4. **Indicate the date(s) on which the fine or restitution was paid. If the fine or restitution has not been paid in full, explain why, and state the remaining balance.**

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

5. **If you appealed your conviction or sentence, provide the date of the decision(s) by the Court of Appeals and, if applicable, the Supreme Court. Also provide citations to any published judicial opinion(s), and a copy of any unpublished opinion(s), if available.**

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





**Biographical Information**

**8. Current marital status:** Never Married Married Divorced Widowed Separated

*For each marriage, state the following: name of spouse, date and place of spouse's birth, date and place of marriage, and, if applicable, date and place of divorce, and current or last known address and telephone number of your current and each former spouse. If you need more space, use the optional continuation page.*

\_\_\_\_\_

*name of spouse*

*date/place of birth*

\_\_\_\_\_

*full address, including zip code*

*telephone number, including area code*

\_\_\_\_\_

*date/place of marriage*

*date/place of divorce*

\_\_\_\_\_

*name of spouse*

*date/place of birth*

\_\_\_\_\_

*full address, including zip code*

*telephone number, including area code*

\_\_\_\_\_

*date/place of marriage*

*date/place of divorce*

**9. (a) List your children by name and furnish the date and place of birth for each:**

*If you have no children, indicate that the question is not applicable. If you need more space, use the optional continuation page.*

\_\_\_\_\_

*name of child*

*date/place of birth*

\_\_\_\_\_

*name of child*

*date/place of birth*

\_\_\_\_\_

*name of child*

*date/place of birth*

\_\_\_\_\_

*name of child*

*date/place of birth*

**(b) If you have minor children, but do not have custody of one or more of them, indicate whether and to whom you pay child support, whether your payments are current, and, if not, the reason for your failure to pay and any agreement you have made to satisfy your payment obligation.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(c) If the other parent of any child listed above is not your spouse or former spouse, identify the child, and state the name, address, and telephone number of the other parent.**

\_\_\_\_\_

\_\_\_\_\_

- 10. List the complete address of all schools you have attended since your conviction, beginning with the most recent and working backward. Indicate the type of degree or diploma received or anticipated, and give the name of an instructor, counselor, or other school official who knows you well. If you need more space, use the optional continuation page. If you have not attended any schools since your conviction, indicate that the question is not applicable.**

<i>School</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
<i>Number and Street</i>	<i>Degree</i>	<i>Month/year awarded</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Name of school official</i>	<i>Telephone number of school official</i>	

**Residences**

- 11. Provide the full address of every place you have lived since the conviction or release from incarceration, beginning with the present and working backward. All time periods must be accounted for. List the physical location of your residence; do not use a post office box as an address. If you lived in an apartment complex, list your apartment number. If you need more space, use the residence continuation page.**

<i>Date you moved to present address (month/year):</i>	<i>Number and Street</i>		<i>Apartment Number</i>
	<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>From (month/year):</i>	<i>Number and Street</i>		<i>Apartment Number</i>
<i>To (month/year):</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>From (month/year):</i>	<i>Number and Street</i>		<i>Apartment Number</i>
<i>To (month/year):</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>From (month/year):</i>	<i>Number and Street</i>		<i>Apartment Number</i>
<i>To (month/year):</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>From (month/year):</i>	<i>Number and Street</i>		<i>Apartment Number</i>
<i>To (month/year):</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

## Employment History

- 12. List all periods of employment and unemployment since the conviction or release from incarceration, beginning with the present and working backward. All time periods must be accounted for. List all full and part-time work, self-employment, and any periods of unemployment. For any period of unemployment, indicate your means of support. For additional employments, use the employment history continuation page.**

<i>Present Employer</i>		<i>Telephone (include area code)</i>	
<i>Date you began this employment (month/year):</i>	<i>Number and Street</i>		
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Type of business</i>	<i>Position</i>	<i>Supervisor</i>	<i>Supervisor's telephone number</i>

<i>Employer</i>		<i>Telephone (include area code)</i>	
<i>Began (month/year):</i>	<i>Number and Street</i>		
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Ended (month/year):</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Type of business</i>	<i>Position</i>	<i>Supervisor</i>	<i>Supervisor's telephone number</i>

<i>Employer</i>		<i>Telephone (include area code)</i>	
<i>Began (month/year):</i>	<i>Number and Street</i>		
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Ended (month/year):</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Type of business</i>	<i>Position</i>	<i>Supervisor</i>	<i>Supervisor's telephone number</i>

**(a) Since your conviction, have you been fired or left a job following allegations of misconduct or unsatisfactory job performance?**  yes  no

**(b) Have you ever failed to list your conviction, or any other arrest or conviction, on any employment or other application where such information was requested?**  yes  no

*If you answered yes to either of the above questions, provide the employer's name, address and telephone number, and explain fully below. If you need more space, use the optional continuation page.*

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**Substance Abuse and Mental Health Information**

13. (a) **Have you ever used any illegal drug or abused prescription drugs or alcohol?**  yes  no

*If yes, identify the drugs used, the dates of drug or alcohol abuse, and the frequency of such use. If you need more space, use the optional continuation page.*

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(b) **Have you ever been involved in the illegal manufacture, sale, or distribution of drugs, other than the offense for which you seek pardon?**  yes  no

*If yes, provide complete details and dates of your involvement. If you need more space, use the optional continuation page.*

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(c) **Have you ever sought or participated in counseling, treatment, or a rehabilitation program for drug use or alcohol abuse?**  yes  no

*If yes, specify the dates of treatment or counseling, and provide the full name, address, and telephone number of the treatment facility and of the doctor, counselor or other treatment provider.*

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- (d) **Have you ever consulted with a mental health professional (psychiatrist, psychologist, or counselor), or with another health care provider, concerning a mental health-related condition?**  yes  no

*If yes, specify the nature of the condition, the dates of treatment, the type of treatment, and the full name, address, and telephone number of the counselor or treatment provider.*

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**Civil and Financial Information**

14. (a) **Are you currently in default or delinquent in any way in the payment or discharge of any debt or financial obligation imposed upon you?**  yes  no

*If yes, state the amount of the debt, the full name, address, and telephone number of the creditor, the reason for the failure to pay, and the terms of any agreement you have made to satisfy the obligation. If you need more space, use the optional continuation page.*

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- (b) **Have any liens (including federal or state tax liens) been filed against you?**  yes  no

*If yes, state the amount of the lien, the full name, address, and telephone number of the lien holder, the reason the lien was imposed, the current status of the lien, and the terms of any agreement you have made to satisfy the obligation. If you need more space, use the optional continuation page.*

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**(c) Have you ever been named as a party in a civil lawsuit?**  yes  no

*If yes, state the full name, address, and telephone number of any other party to the lawsuit, the court in which it was filed, the case number, the nature of the dispute, and the final disposition, including the terms of any settlement agreement. If you need more space, use the optional continuation page.*

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**(d) Have you ever filed for the discharge of your debts in bankruptcy?**  yes  no

*If yes, state the court in which the petition was filed, the case number, the amount of debt sought to be discharged, the final disposition of the action, and the date of disposition. If you need more space, use the optional continuation page.*

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**(e) Do you have pending any judicial or administrative proceedings with the federal, state, or local governments?**  yes  no

*If yes, state the full name, address and telephone number of the relevant authority involved, the jurisdiction in which the proceeding is pending, the case number, the nature of the dispute, and the current status of the matter. If you need more space, use the optional continuation page.*

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**Military Record**

15. (a) Have you ever served in the armed forces of the United States?  yes  no

Dates of service: \_\_\_\_\_ Branch(es): \_\_\_\_\_

Serial number: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Decorations (if any): \_\_\_\_\_

(b) If you were other than honorably discharged, describe in detail the factual circumstances surrounding your discharge. If you need more space, use the optional continuation page. Attach a copy of your separation papers (Form DD-214), if available.

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(c) While serving in the armed forces, did you receive non-judicial punishment, or were you the defendant in any court-martial?  yes  no

*If yes, state fully the nature of the charge, the relevant facts, the disposition of the proceedings, the date thereof, and the name and address of the authority in possession of the records thereof. If you were convicted of an offense by court-martial, with respect to each conviction, provide a copy of the court-martial promulgating order and the information that is required in questions 2 through 6 of this application. If you need more space, use the optional continuation page.*

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**Civil Rights and Occupational Licensing**

16. **Have you ever applied for the restoration of your state civil rights (i.e., a state pardon, a certification of restoration of civil rights, or a certificate of discharge)?**  yes  no

*If yes, indicate whether the application was granted or denied, and attach a copy of your application and the document(s) evidencing the state's action.*

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17. (a) **Have you ever applied for the removal of your state firearms disabilities?**  yes  no

*If yes, indicate whether the application was granted or denied, and attach a copy of your application and the document(s) evidencing the state's action.*

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- (b) **Have you ever applied for the removal of your federal firearms disabilities?**  yes  no

*If yes, indicate whether the application was granted or denied, and attach a copy of your application and the document(s) evidencing the federal government's action.*

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18. (a) **Have you ever been denied any type of business or professional license, had any such license revoked, or had reinstatement of any such license denied?**  yes  no

*If yes, attach a copy of the document(s) evidencing the action, including your application and any explanation of the reasons for the action. If not available, provide the name, address, and telephone number of the authority taking the action, the nature of the license, the disposition of your request, and the date of disposition.*

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- (b) **Have you ever been granted any type of business or professional license or received the reinstatement of any such license that had been revoked?**  yes  no

*If yes, attach a copy of the document(s) evidencing the action, including your application and any explanation of the reasons for the action. If not available, provide the name, address, and telephone number of the authority taking the action, the nature of the license, the disposition of your request, and the date of disposition.*

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**Certification and Personal Oath**

I hereby certify that all answers to the above questions and all statements contained herein are true and correct to the best of my knowledge, information, and belief. I understand that any intentional misstatements of material facts contained in this petition may cause adverse action on my petition for pardon, in addition to subjecting me to any other penalties provided by law.

In petitioning the President of the United States for pardon, I do solemnly swear that I will be law-abiding and will support and defend the Constitution of the United States against all enemies, foreign and domestic, and that I take this obligation freely and without any mental reservation whatsoever, So Help Me God.

Respectfully submitted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
*(month) (year)*

\_\_\_\_\_  
*(signature of petitioner)*

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
*(month) (year)*

(SEAL)

\_\_\_\_\_  
*Notary Public*

*My commission expires:* \_\_\_\_\_

**Continuation Page for  
Petition for Pardon After Completion of Sentence**

**Residences**

<i>From (month/year):</i>	<i>Number and Street</i>		<i>Apartment Number</i>
<i>To (month/year):</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>From (month/year):</i>	<i>Number and Street</i>		<i>Apartment Number</i>
<i>To (month/year):</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>From (month/year):</i>	<i>Number and Street</i>		<i>Apartment Number</i>
<i>To (month/year):</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>From (month/year):</i>	<i>Number and Street</i>		<i>Apartment Number</i>
<i>To (month/year):</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>From (month/year):</i>	<i>Number and Street</i>		<i>Apartment Number</i>
<i>To (month/year):</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>From (month/year):</i>	<i>Number and Street</i>		<i>Apartment Number</i>
<i>To (month/year):</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>From (month/year):</i>	<i>Number and Street</i>		<i>Apartment Number</i>
<i>To (month/year):</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>



**Continuation Page for  
Petition for Pardon After Completion of Sentence**

**Employment History**

<i>Employer</i>		<i>Telephone (include area code)</i>	
<i>Began (month/year):</i>	<i>Number and Street</i>		
<i>Ended (month/year):</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Type of business</i>	<i>Position</i>	<i>Supervisor</i>	<i>Supervisor's telephone number</i>

<i>Employer</i>		<i>Telephone (include area code)</i>	
<i>Began (month/year):</i>	<i>Number and Street</i>		
<i>Ended (month/year):</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Type of business</i>	<i>Position</i>	<i>Supervisor</i>	<i>Supervisor's telephone number</i>

<i>Employer</i>		<i>Telephone (include area code)</i>	
<i>Began (month/year):</i>	<i>Number and Street</i>		
<i>Ended (month/year):</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Type of business</i>	<i>Position</i>	<i>Supervisor</i>	<i>Supervisor's telephone number</i>

<i>Employer</i>		<i>Telephone (include area code)</i>	
<i>Began (month/year):</i>	<i>Number and Street</i>		
<i>Ended (month/year):</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Type of business</i>	<i>Position</i>	<i>Supervisor</i>	<i>Supervisor's telephone number</i>











# Authorization for Release of Information

**Carefully read this authorization to release information about you, then complete, sign and date it in ink.**

I authorize any investigator, special agent, or other duly accredited representative of the Federal Bureau of Investigation, the Department of Defense, and any other authorized Federal agency, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, courts, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history, arrest, conviction, including the presentence investigation report, if any, medical, psychiatric/psychological, health care, and financial and credit information.

I understand that, for financial or lending institutions and certain other sources of information, a separate specific release may be needed (pursuant to their request or as may be required by law), and I may be contacted for such a release at a later date.

I further authorize the Federal Bureau of Investigation, the Department of Defense, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my suitability for a government benefit.

I authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary. I understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes of processing my application for a government benefit, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for three (3) years from the date signed.

<i>Signature (sign in ink)</i>		
<i>Full Name (type or print legibly)</i>		<i>Date Signed</i>
<i>Other Names Used</i>		
<i>Street Address</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Home Telephone Number (include area code)</i>	<i>Social Security Number</i>	