



Susana Martinez
Governor

State of New Mexico

State Capitol
Room 400
Santa Fe, NM 87501
(505) 476-2200

NOTICE TO APPLICANT

Please read the application instructions carefully, and complete the application thoroughly.

Submission of incomplete applications or applications that do not comply with these instructions must be *corrected* by the applicant within ninety (90) days of submission of their application; otherwise, the application will be deemed abandoned.

For your records, make copies of all documentation that you submit to the Governor.

Due to the inability to retain records for extended time periods for incomplete applications, we are advising you NOT to provide originals of personal items, including but not exclusive to, photos, transcripts, birth and other certificates, achievement awards, licenses, literature, etc. You may, in lieu of originals, provide copies of these documents.

Mail completed applications to: OFFICE OF THE GOVERNOR
 ATTN: PARDONS
 STATE CAPITOL BUILDING, SUITE 400
 SANTA FE, NM 87501

1. Submit a completed application form. Please respond to **all** items. If necessary, use "N/A," "Unknown," "None," or "Do not remember."
2. Applications must be typed or printed legibly in **black or blue** ink.
3. Submit certified court documentation (criminal complaint, indictment or information, plea and disposition agreement, judgment and sentence, petitions to revoke probation, orders revoking probation) for the conviction for which you are requesting a pardon. These documents can be obtained from the court that had jurisdiction over the applicant's conviction.

4. Submit offense (arrest) reports for the conviction for which you are requesting a pardon. These documents do not need to be certified. These documents can be obtained from the applicable law enforcement agencies.

5. Submit educational documentation (high school diploma or GED, college transcripts). These documents do not need to be certified. These documents can be obtained from the applicable educational institution.

6. Complete the following application form as presented. You may submit attached documents as instructed in the application. Do not alter the presentation of this application either through reformatting or rewriting.

7. If any of the documentation required to be submitted is unavailable, then the applicant shall provide a detailed statement evidencing their efforts to obtain the document including the name/contact information for all court and law enforcement personnel that were contacted in connection with these efforts.

8. The application must be signed, dated and notarized.

Failure to comply with instructions will delay processing.

A gubernatorial pardon is an honor that may be granted to people who have demonstrated *exemplary* behavior, distinct achievement and proof of a productive and law-abiding life. The burden is on the applicant to provide documentation.

PARDON APPLICATION

GENERAL INFORMATION			
CURRENT FULL NAME (Last, First, Middle)			
NAME CONVICTED UNDER (Last, First, Middle)			
ALIAS NAMES (maiden name, name by former marriage)			
DATE OF BIRTH		SOCIAL SECURITY NUMBER ¹	

¹ Applicants must have a social security number. Please indicate if applicant is in the process of applying for citizenship, and the anticipated date of naturalization.

CURRENT PHYSICAL ADDRESS	From (Month/Year):		To (Month/Year):
	Number/Street:		Apt:
	City:	State:	Zip Code:
CURRENT MAILING ADDRESS (If same as physical address then write SAME)	Number/Street:		Apt / P.O. Box:
	City:	State:	Zip Code:
PREVIOUS ADDRESSES (List all previous physical addresses since the age of 18. Do not use post office boxes. <i>All time periods must be accounted for.</i> Complete this page before attaching any additional pages).	From (Month/Year):		To (Month/Year):
	Number/Street:		Apt:
	City:	State:	Zip Code:
PREVIOUS ADDRESSES	From (Month/Year):		To (Month/Year):
	Number/Street:		Apt:
	City:	State:	Zip Code:
PREVIOUS ADDRESSES	From (Month/Year):		To (Month/Year):
	Number/Street:		Apt:
	City:	State:	Zip Code:
PREVIOUS ADDRESSES	From (Month/Year):		To (Month/Year):
	Number/Street:		Apt:
	City:	State:	Zip Code:
PREVIOUS ADDRESSES	From (Month/Year):		To (Month/Year):
	Number/Street:		Apt:
	City:	State:	Zip Code:
PHONE NUMBER		WORK NUMBER	

HIGH SCHOOL EDUCATION ² (Name of high school and highest grade completed)		DIPLOMA / GED		
COLLEGE EDUCATION ³ (Name of college)		DEGREE(S)		
COLLEGE EDUCATION (Name of college)		DEGREE(S)		
COLLEGE EDUCATION (Name of college)		DEGREE(S)		
EMPLOYMENT HISTORY: (List all previous employment since the age of 18. <i>All time periods must be accounted for</i>). (AN ATTACHED RESUME IS SUFFICIENT TO SATISFY THIS QUESTION)	PLACE OF WORK (INCLUDE SUPERVISOR'S NAME & CONTACT INFO):	POSITION HELD:	DATES OF EMPLOYMENT:	REASON FOR LEAVING:

² Applicants must have, at a minimum, a High School Diploma or General Equivalency Diploma before his/her application will be considered. Applicant must submit a copy of their diploma or GED.

³ Applicants must submit a copy of their college transcripts for each college or university that they attended.

CRIMINAL HISTORY

CONVICTION(S) Include all crimes of which applicant was convicted regardless of whether the court imposed a concurrent sentence (include the statutory citation for the offense)			
CASE NUMBER AND JUDICIAL DISTRICT⁴			
LAW ENFORCEMENT AGENCY⁵			
CRIME(S)CHARGED Include all crimes with which applicant was charged as the offense appears in the court documentation regardless of whether it/they are different from the convicted crime (include the statutory citation for the offense)			
DATE OF INCIDENT		DATE SENTENCED	
SENTENCE IMPOSED (CONDITIONAL DISCHARGE/DEFERRED/SUSPENDED/ PRISON):			
BASIS OF CONVICTION (GUILTY PLEA/NO CONTEST PLEA/JURY TRIAL)			
DATE(S) PROBATION AND/OR PAROLE ENDED			
DATE(S) OF PROBATION/PAROLE REVOCATION (IF APPLICABLE)⁶		BASIS FOR REVOCATION:	
WAS PROBATION SATISFACTORILY OR UNSATISFACTORILY COMPLETED			
ADDITIONAL REQUIREMENTS	APPLICANT MUST INCLUDE A LETTER STATING THE FACTS OF THE CRIME(S), AND THE REASON(S) WHY HE/SHE IS SEEKING A PARDON.		

⁴ Applicants must submit a **certified** copy of the criminal complaint, information or indictment, plea and disposition agreement, and judgment and sentence.

⁵ Applicant must submit a copy of all offense (arrest) reports. Note: reports may have been prepared by more than one law enforcement agency.

⁶ Applicant must submit a copy of all petitions to revoke probation and orders revoking probation.

I acknowledge that I have read Governor Martinez' Pardon Guidelines and that I satisfy **all** eligibility requirements. Further, I had read and understand the Notice to Applicant and Application instructions. I have complied with the instructions, obtained and/or completed all of the required supporting documentation, and I have answered all questions **fully and truthfully**.

I further request that my Application and supporting documents (e.g., court documents, offense reports, education documents, photographs, transcripts, birth and other certificates, achievement awards, licenses, literature, personal letter stating the facts of the crime and why I am seeking a pardon, charitable contributions, etc) remain CONFIDENTIAL.

_____ YES (initial if you request confidentiality) _____ NO (if you do not request confidentiality)

I further agree that should my Application and supporting documents become public that I agree to hold the Office of the Governor harmless for any and all public disclosure.

Applicant's Signature: _____

Date: _____

STATE OF NEW MEXICO
COUNTY OF _____

This instrument was acknowledged before me on _____ by _____.
(date) (name of applicant)

SEAL

Signature of notarial officer

My commission expires: _____