

COMMONWEALTH OF MASSACHUSETTS

COMMUTATION PETITIONS

To His Excellency the Governor:

I, _____

Having been convicted of the crime of _____

_____ for which I was sentenced

on _____ 19____, in the _____

Court to serve a term of _____, do

hereby petition for a commutation of the sentence imposed for said crime, either absolute or upon

such condition and limitations as may be deemed proper.

(Signature of petitioner)

(Address)

(Date of Birth)

I am petitioning for a commutation for the following reasons: If applicable, please explain why your petition falls within the Executive Clemency Guidelines

(If more space is needed, please attach additional sheets.)

Return to Executive Secretary, Room 184, State House, Boston, MA 02133

The Commonwealth of Massachusetts
Executive Office of Public Safety

ADVISORY BOARD OF PARDONS

12 Mercer Road
Natick, Massachusetts 01760
Telephone # (508) 650-4500
Facsimile # (508) 650-4599

ACKNOWLEDGEMENT RELEASE FORM

I, _____
(Print name of petitioner) (Date of birth) (Social security number)

currently residing at _____
(Complete address of current residence)

acknowledge that the Advisory Board of Pardons will authenticate information, documents, and records provided as part of my petition for executive clemency and during this process. I acknowledge that I may be subject to prosecution for perjury if I knowingly provide false information to the Board with respect to my petition for executive clemency or during any aspect of the executive clemency process.

I understand that:

- ◆ I must sign a release of information form provided by the Advisory Board of Pardons for the keeper-of-records for each entity holding the information presented for consideration;
- ◆ A representative of the Advisory Board will contact all character references; and
- ◆ I am responsible for all costs associated with obtaining such authentication.

* * *

I further state that the information contained in my petition for executive clemency and any documents attached are true and accurate.

Signed under the pains and penalties of perjury this ____ day of _____, 20____.

Signature of Petitioner

RELEASE OF INFORMATION

I, _____, _____, _____
(Print name of petitioner) *(Date of birth)* *(Social security number)*

Currently residing at _____
(Complete address of current residence)

Please check all that apply:

- Hereby authorize the National Personnel Records Center, or any other custodian of my military service record, to release to the Massachusetts Parole Board, acting in its capacity as the Advisory Board of Pardons, a copy of my Form DD214 and any other documents related to my character and discharge from my military service record.

- Hereby authorize any representative of the Massachusetts Parole Board and Advisory Board of Pardons bearing a copy of this release to obtain any information in your files pertaining to my employment, educational records including, but not limited to academic, achievement, personal history, disciplinary and credit records and I direct you to release copies of such information upon request to the bearer.

- Hereby authorize physicians, clinics, hospitals and other medical personnel to furnish copies of my medical records or other information concerning my medical history as requested by the Massachusetts Parole Board acting as the Advisory Board of Pardons.

I understand these documents will be sent directly to the Advisory Board of Pardons to be considered with my petition for executive clemency.

Signature of Petitioner

Date

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AUTHORIZATION

I, _____, _____, _____
(Print name of petitioner) *(Date of birth)* *(Social security number)*

Hereby authorize the Commissioner of Probation to open my sealed record for the sole purpose of enabling the Advisory Board of Pardons to process my petition for executive clemency. I understand that my petition for executive clemency will be a public record for a period of ten (10) years from the date of the original petition filed with the Advisory Board of Pardons.

Signature: _____

Date: _____