

**THE COMMONWEALTH OF MASSACHUSETTS  
PARDON PETITION**

\_\_\_\_\_, \_\_\_\_\_  
DATE YEAR

TO HER EXCELLENCY, THE GOVERNOR:

I, \_\_\_\_\_  
(NAME OF PETITIONER)

ADDRESS \_\_\_\_\_  
(Street Address, City, State, Zip code)

DATE OF BIRTH \_\_\_\_\_

HAVING BEEN CONVICTED OF THE CRIME(S) OF \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR WHICH I WAS SENTENCED ON \_\_\_\_\_

IN THE \_\_\_\_\_ Court

TO SERVE A TERM OF \_\_\_\_\_

(IF NECESSARY, USE ADDITIONAL PAPER)

DO HEREBY PETITION FOR A PARDON OF SAID CRIME(S), EITHER ABSOLUTE OR UPON SUCH CONDITIONS AND LIMITATIONS AS MAY BE DEEMED PROPER.

**- RETURN TO -**

GOVERNOR'S EXECUTIVE COUNCIL  
24 Beacon Street  
State House, ROOM 184  
BOSTON, MA 02133

**NOTICE:**

This form must be completed by all pardon petitioners.

Applications must be typewritten or clearly printed in ink. All questions must be answered. If the question does not apply, please indicate by answering N/A (not applicable). If the space provided is not sufficient for complete answers, or if you wish to furnish additional information, please use additional paper and number your answers to correspond with the questions.

|   |                              |
|---|------------------------------|
| THIS SPACE IS<br>FOR AGENCY<br>USE ONLY | Date Petition Received _____ |
|   | Date of Hearing _____        |
|   | Vote _____                   |
|   | Report to Governor _____     |
|   | Pardon _____                 |

**I. PERSONAL DATA**

Name \_\_\_\_\_

Other Name (s) (if any) \_\_\_\_\_

Present Address \_\_\_\_\_

(Street Number, Street Name)

(City, State, Zip)

Permanent Address (if different from above) \_\_\_\_\_

(Street Number, Street Name)

(City, State, Zip)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number    /    /                      Sex:     Male     Female

Parent(s) Names \_\_\_\_\_

(Mother)

(Mother's Maiden Name)

(Father)

Home Telephone #(            ) \_\_\_\_\_

Please List Previous Addresses For The Past Five Years:

1. \_\_\_\_\_  
(Street Number, Street Name)

\_\_\_\_\_  
(City, State, Zip)

2. \_\_\_\_\_  
(Street Number, Street Name)

\_\_\_\_\_  
(City, State, Zip)

3. \_\_\_\_\_  
(Street Number, Street Name)

\_\_\_\_\_  
(City, State, Zip)

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Date and Place of Present Marriage \_\_\_\_\_

Your Maiden Name (If Female) \_\_\_\_\_

Children \_\_\_\_\_ Ages \_\_\_\_\_

## II. EDUCATION AND TRAINING

Highest Grade Completed \_\_\_\_\_

Name of School \_\_\_\_\_

Type of Degree \_\_\_\_\_

Location of School \_\_\_\_\_  
(City, Town, State)





5. To the best of your knowledge, are you eligible for relief under the sealing statute, Massachusetts General Laws, Chapter 276, section 100A?

\_\_\_\_\_  
(YES)

\_\_\_\_\_  
(NO)

6. Please explain why you are seeking a pardon. Be specific in addressing your compelling need. (If necessary, use additional paper.)

---

---

---

---

---

---

---

---

7. Please explain how your petition falls within the Executive Clemency Guidelines. (If necessary, use additional paper)

---

---

---

---

---

---

---

---

## VI. FIREARMS PERMIT

1. Federal and State law prohibits you from obtaining a firearms permit where the pardon specifically prohibits you from carrying, transporting, possessing, and/or receiving firearms. Are you requesting authorization to possess a firearm

\_\_\_\_\_  
(YES)

\_\_\_\_\_  
(NO)

2. If the answer to the preceding question is "YES," have you included with your petition a letter from the Chief of Police of your city or town indicating that he or she would approve your application for a gun permit?

\_\_\_\_\_  
(YES)

\_\_\_\_\_  
(NO)



**PLEASE NOTE**

1. If you retain an attorney, a duplicate of the registration filed by your counsel, or other representative with the Secretary of State pursuant to Massachusetts General laws, Chapter 127, Section 167 must accompany this petition.
2. All information presented in sections I through VIII of this application must be completed and mailed with your petition to the:

**Governor's Executive Council  
24 Beacon Street  
State House, Room 184  
Boston, MA 02133**

3. It is also your obligation to provide written verification of your specific compelling need, such as a letter of verification from an employer and/or licensing authority, or a letter of rejection from an employer or licensing authority which indicates that you would not be hired and/or licensed unless you have been pardoned.

The information provided in this petition is true to the best of my knowledge.

---

Signature of Petitioner

---

Date



*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

