

**THE COMMONWEALTH OF MASSACHUSETTS
PARDON PETITION**

_____, _____
DATE YEAR

TO HIS 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
ROOM 184
STATE HOUSE
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 FOR AGENCY 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)

V. PARDON INFORMATION

- 1. Please describe EACH arrest and conviction for which a pardon is sought and give the following information: Location of offense, arresting department, circumstances of arrest, name and location of court and disposition of the case by the court. (If necessary, use additional paper.)

Horizontal lines for writing.

- 2. If a crime, for which you are seeking a pardon, involved a violation of bail, probation or parole conditions, please indicate which offense listed above involved the violation and describe the circumstances of such violations. (If necessary, use additional paper.)

Horizontal lines for writing.

- 3. Have you ever been arrested by federal authorities or any other state or local authority, other than Massachusetts?

(YES) (NO)

If the answer to the above question is "YES," please list every such arrest and give the following information for each arrest: date of arrest, specific charge(s), location of offense, arresting department, the name and location of the court and the disposition. (If necessary, use additional paper.)

Horizontal lines for writing.

- 4. Has your probation or parole supervision been terminated prior to this date?

(YES) (NO)

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)

VII. COMMUNITY ACHIEVEMENTS

Petitioner must demonstrate a substantial period of good citizenship since conviction. Please indicate examples of stable and constructive conduct and specific achievements. (If necessary, use additional paper.)

VIII. REFERENCES

1. Have you included with your pardon application at least three (3) letters of recommendation from persons other than you or your family attesting to your good character and reputation?

(YES)

(NO)

Please list the names and addresses of the individuals who are writing letters of recommendation on your behalf.

(Name)	(Address)	(Relationship)
(Name)	(Address)	(Relationship)
(Name)	(Address)	(Relationship)

2. Have you included with your pardon application a letter from a person other than yourself or a family member verifying your compelling and specific need and period of good citizenship?

(YES)

(NO)

Please list the name and address of the individual who is writing a letter of verification on your behalf.

(Name)	(Address)	(Relationship)
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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 Room 184
State House 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

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

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: _____