

APPLICATION FOR CLEMENCY

Check box for type of clemency desired. All applications must have the proper court documents attached.

- | | |
|--|---|
| <input type="checkbox"/> Restoration of Civil Rights for Florida/Federal/Military, or Out-of-State conviction
(Eligible 5 or 7 years after completion of sentence) | <input type="checkbox"/> Specific Authority to Own, Possess or Use Firearms
(Eligible 8 years after completion of sentence) |
| <input type="checkbox"/> Restoration of Alien Status Under Florida Law
(Eligible 5 or 7 years after completion of sentence) | <input type="checkbox"/> Full Pardon
(Eligible 10 years after completion of sentence) |
| <input type="checkbox"/> Remission of Fine or Forfeiture | <input type="checkbox"/> Pardon Without Firearm Authority
(Eligible 10 years after completion of sentence) |

Commutation of Sentence (Use Form "Request for Review")

If you have applied for a Full Pardon, Pardon Without Firearm Authority or Specific Authority to Own, Possess or Use Firearms and are determined ineligible due to not meeting the time requirement, you will be processed for Restoration of Civil Rights. If you have already received Restoration of Civil Rights, a Certificate for Restoration of Civil Rights will be mailed to you.

Your signature acknowledges you understand this action. _____

SIGNATURE

PLEASE PRINT

Name When Convicted: _____

Current Name: _____ Other Names Used: _____

Date of Birth: _____ Race: _____ Sex: Male Female Driver License #: _____

U.S. Citizen? Yes No - Alien Registration _____ Social Security #: _____

Home Address: _____
Street City County State Zip

Mailing Address: _____
Street City County State Zip

Home Telephone #: _____ Cellular Telephone #: _____

E-mail Address: _____

PRISON/PROBATION #: _____

CONVICTIONS: (Please list each conviction and provide court documents for each conviction. If you have more than two convictions, please attach a separate sheet of paper listing all the required information.) **YOU DO NOT NEED TO FILL OUT A SEPARATE APPLICATION FOR EACH CONVICTION.**

Court _____ County/State _____ Date Convicted _____ Date Sentenced _____

What was your sentence? _____

Date you completed/expired your sentence: _____ (Please Circle one of the following: Prison Jail Release Parole Probation)

Signature Date

YOU DO NOT NEED AN ATTORNEY FOR THIS PROCESS. However, if you have chosen to be represented by an attorney for the clemency process, please provide the Attorney Name, Address & Telephone Number.

Attorney Name Address Telephone Number

Attach a certified copy of the following for EACH felony conviction: charging indictment/information; judgment; and sentence/community control/probation order.

APPLICATIONS SUBMITTED WITHOUT THE PROPER COURT DOCUMENTS WILL **NOT** BE ACCEPTED.

Mailing Address: Office of Executive Clemency
4070 Esplanade Way
Tallahassee, FL 32399-2450

Form ADM 1501
Updated 07/02/2019-SMW