

# STATE OF WYOMING BOARD OF PAROLE

## Application For Restoration Of Voting Rights To Non-Violent Offenders

**NOTE: Pursuant to W.S. 7-13-105, the Board of Parole may only restore voting rights to individuals meeting the following criteria:**

- 1) There must have been only ONE prior felony or more than one arising out of the same occurrence,**
- 2) The felony(s) must NOT have been VIOLENT as defined by W.S. 6-1-1001\*, and**
- 3) Five years must have elapsed since completion of the sentence, including any probation or parole period.**

1. Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS# \_\_\_\_\_

2. Name Convicted Under: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

5. Crime: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

6. Sentencing Court: \_\_\_\_\_ Sentence Imposed: \_\_\_\_\_

7. Was the Sentence Suspended: \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Date of Probation: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

9. County of Conviction: \_\_\_\_\_ State of Conviction: \_\_\_\_\_

10. Date Imprisoned: \_\_\_\_\_ Date Released: \_\_\_\_\_

11. Date of Parole: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

12. States resided in since expiration of above conviction: \_\_\_\_\_

13. List other convictions, if any:

\_\_\_\_\_

\* VIOLENT CRIMES include murder, manslaughter, kidnapping, sexual assault in the first or second degree, robbery, aggravated assault, aircraft hijacking, arson in the first or second degree, aggravated burglary, sexual abuse of a minor in the first or second degree if an actor sixteen (16) years or older committed sexual intrusion on a victim less than thirteen (13) years of age.

14. A CERTIFIED COPY OF THE JUDGEMENT AND SENTENCE AND DISCHARGE ORDER FROM PROBATION MUST BE ATTACHED TO THIS APPLICATION. A copy may be obtained from the Clerk of the Court where you were convicted.
15. INFORMATION SHOWING THE DATE OF EXPIRATION OF SENTENCE OR COMPLETION OF PAROLE MUST BE ATTACHED TO THIS APPLICATION. This information may be obtained from records personnel of the Wyoming State Penitentiary, Wyoming Women's Center or from staff at the Central Office of the Wyoming Department of Corrections.
16. Submission of this application authorizes the Board of Parole to perform a criminal history check.

I hereby certify, under penalty of perjury, the above information to be true and that I have not been convicted of any other felony not listed above, and that the above felony is not a violent crime as defined herein.

I further certify, under penalty of perjury, that all my terms of sentence are expired and I have completed all periods of probation or parole and that at least five (5) years have passed since all terms of my sentence expired and/or since I completed any period of probation or parole.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Applicant

State of \_\_\_\_\_ )  
 ) ss  
 County of \_\_\_\_\_ )

Subscribed and sworn to (or affirmed) before me by  
 \_\_\_\_\_, this \_\_\_\_ day of  
 \_\_\_\_\_, 20\_\_\_\_\_.

Witness my hand and official seal.

\_\_\_\_\_  
 Notary Public

My Commission Expires: \_\_\_\_\_