

# 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 conviction  | <input type="checkbox"/> Specific Authority to Own, Possess or Use Firearms<br><u>(Eligible 8 years after completion of sentence)</u> |
| <input type="checkbox"/> Restoration of Civil Rights in Florida for Federal,<br>Military, or Out-of-State conviction | <input type="checkbox"/> Full Pardon <u>(Eligible 10 years after completion of sentence)</u>  |
| <input type="checkbox"/> Restoration of Alien Status Under Florida Law   | <input type="checkbox"/> Pardon Without Firearm Authority<br><u>(Eligible 10 years after completion of sentence)</u>                  |
| <input type="checkbox"/> Remission of Fine or Forfeiture   | 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, your application will be returned along with a Certificate for Restoration of Civil Rights.*

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 HAVE TO HAVE AN ATTORNEY FOR THIS PROCESS. Do not list the attorney who represented you during the criminal proceedings.** 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 AND WILL BE RETURNED.**

This application form and Rules of Executive Clemency are available on the internet at: <https://fpc.state.fl.us/Clemency.htm>

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

Form ADM 1501  
Updated 03/25/2011-JMc