



STATE OF DELAWARE

**DELAWARE BOARD OF PARDONS COMMUTATION**  
**CHECKLIST**

**Step 1**

Request **Certified Court Dockets** and **Sentencing Orders** for offense(s) associated with your incarceration. These documents must be attached to your application.

**Step 2**

Complete the entire [Delaware Board of Pardons Application for Commutation](#) by typing in your responses online and then printing once complete.

**Step 3**

Complete the [Affidavit of Mailing](#) by typing in your responses online and then printing once complete. Include the original Affidavit in your application and mail copies to the individuals listed on the form.

**Step 4**

Assemble your application by attaching the **Certified Court Dockets**, **Sentencing Orders** and all other relevant information with paper clips. Stapled documents will not be accepted.

**Step 5**

Once assembled, make 1 copy of **EVERYTHING**. Mail the **original application** to The Board of Pardons and keep a copy for yourself.

Secretary of State's Office  
401 Federal Street, Suite 3  
Dover, DE 19901

If you have any questions, contact the Board of Pardons at 302-739-4111.  
You can also visit us online at [pardons.delaware.gov](http://pardons.delaware.gov).



**DELAWARE BOARD OF PARDONS**  
**APPLICATION FOR COMMUTATION**

1. Full name: \_\_\_\_\_  
*First Middle Last Suffix*
2. Facility: \_\_\_\_\_
3. SBI No. \_\_\_\_\_
4. Date of birth: \_\_\_\_\_ Male Female
5. State every other name by which you have been known, including the name under which you were convicted (*i.e.*, include your maiden name, name by a former marriage, aliases, and nicknames).

6. Attorney Information - Are you representing yourself?

Yes No, if no you must provide your attorney's information. Otherwise, proceed to the next step.

Attorney's Name \_\_\_\_\_

Attorney's Address \_\_\_\_\_

Attorney's Phone: \_\_\_\_\_

Attorney's Email: \_\_\_\_\_

## **BIOGRAPHICAL INFORMATION**

**What is your highest level of education?**

---

**Any known learning disabilities?**    **Yes**    **No.** If yes, briefly describe.

**Any history of mental health issues?**    **Yes**    **No.** If yes, briefly describe treatment.

**Any history of substance/alcohol abuse?**    **Yes**    **No.** If yes, briefly describe drug/substance of choice and when addiction began.

**What is your current marital status?**

(Check one:)    **Single**                      **Married or Entered into a Civil Union**                      **Divorced**                      **Widowed**

**Do you have children or other dependents?**    **Yes**    **No**  
If yes, describe them. (Example: name, age and living arrangement)

**Current Employment Status, if not employed state the reasons?**

**Are you currently enrolled in school/vocational training, if yes, provide the name and location and your area of study?**

## SUMMARY OF OFFENSE(S)

Provide the requested information on offense(s) the specifics can be on the court docket/sentencing order and status offender sheet.

**Arrest Date:** \_\_\_\_\_

**Offense(s):** If more than one offense was associated with the same arrest, list them.

**Sentence Date:** \_\_\_\_\_ **Sentence:** \_\_\_\_\_

**How much time has been served toward this sentence?** \_\_\_\_\_

**Probation:**    **Yes**    **No**    **If yes, provides the terms** \_\_\_\_\_

**Restitution:**    **Yes**    **No**    **If yes, provide amount**

**Name of Court:** \_\_\_\_\_

**Court Address:** \_\_\_\_\_  
*Number*                          *Street*                          *City*                          *State*                          *Zip*

**Narrative Description of the Offense(s):** Provide a complete and detailed account of the offense(s) you listed above. You are expected to describe in your own words the factual details surrounding the offense. You should describe the full extent of your involvement in the criminal conduct.

**Attach the Certified Court Docket(s) and Sentencing Order(s) associated with the offense(s)**

## **REASONS FOR SEEKING A COMMUTATION**

**What are your reasons for seeking a commutation?** Attach supporting documents as evidence to support reasons due to extenuating circumstances.

**Pending Proceedings:** Do you have pending any judicial or administrative proceedings with the federal, state, or local governments? **Yes** **No.** If yes, state the full jurisdiction in which the proceeding is pending, the nature of the dispute, and the current status of the matter.

**Describe below any activities you are involved in and your duties.**  
(You may attach any certificates or documents)

**References may be attached to this page**

**Attach supporting documents as evidence to support reasons due to extenuating circumstances.**

**AFFIDAVIT OF MAILING**



**STATE OF DELAWARE**  
**DELAWARE BOARD OF PARDONS**

**Applicant Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

The above applicant has filed a petition for a commutation with the Board of Pardons (“Board”) in the Secretary of State’s Office, 401 Federal Street, Suite 3, Dover, DE 19901. The petition will be heard at the earliest possible date as determined by the Board.

**Copies of this affidavit of mailing have been sent to:**

1. The Judge(s) who presided at the sentencing hearing(s) or Presiding Judge(s)
2. Matthew P. Denn, Attorney General, Department of Justice, Carvel State Building, 820 N. French St., Wilmington, DE 19801.
3. Chief of Police in the city/county where the arrest(s) was/were made.
4. Colonel Nathaniel McQueen, Superintendent, Department of Public Safety, Division of State Police, P.O. Box 430, Dover, DE 19903.

**Reason(s) for applying:**

**Offense(s) and Date(s) of Arrest:**

\_\_\_\_\_ **Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

This applicant, being sworn, deposes and says that he/she is attesting that all statements contained in his/her application are true and correct in every respect, and that he/she has not suppressed any information that might affect this application.

Sworn to me before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My commission expires \_\_\_\_\_ (SEAL)

**IMPORTANT:** Make sure you have completed every item on the checklist and that your application is signed and complete. Any missing information will significantly delay processing.