

State of Delaware
BOARD OF PARDONS
DELAWARE BOARD OF PARDONS CHECKLIST

YOU MUST COMPLETE STEPS 1 AND 2 BEFORE PROCEEDING WITH THE APPLICATION PROCESS. THESE TWO STEPS WILL TAKE SEVERAL WEEKS! ALL APPLICATIONS MUST BE FILLED IN ONLINE AND THEN PRINTED FOR SUBMISSION.

Step 1

Request your **Delaware Certified Criminal History with the FBI Criminal History Check** which can be obtained by submitting a **fee** along with your **fingerprints** to **State Bureau of Identification**. For specific information and locations please contact them at (302) 739-5871. **Please be advised that your Criminal History Report cannot be older than 3 months at the time your application is submitted.** These documents must be attached to your application.

Step 2

Request **Certified Court Dockets and Sentencing Orders and/or Disposition Records** for all **ADULT** dispositions listed as **guilty, unknown, unobtainable, transferred or pending**. **Additionally, you must submit certified copies of financial information on outstanding fines, costs, fees and restitution.** Contact the courts in the county associated with the offense(s) for further information on how to request the documents. **These documents must be attached to your application.**

Step 3

Once you have received your **Certified Criminal History** and your **Certified Court Dockets and Sentencing Orders**, complete the page titled "**Criminal History Review Form**".

Step 4

Compare your offense(s) from your "**Criminal History Review Form**" to the offense(s) listed on the "**Offenses that Require a Mental Health Report**." If jail time was served in relation to an offense(s) that require a mental health report, you will have to provide a **Psychiatric or Psychological Evaluation** from a licensed professional of your choice. Any psychologist or psychiatrist performing an evaluation must submit the information requested in **Rule 9, paragraph (c) listed on page 12 of the Rules of the Board of Pardons**. **Please be advised that the Mental Health Report cannot be older than 12 months at the time your application is submitted.**

Step 5

Complete the entire **Delaware Board of Pardons Application for Pardon** by typing in your responses online and then printing all forms once complete.

Step 6

Complete the **Affidavit of Mailing** by typing in your responses online and then printing once complete. This form must be notarized. Include the original Affidavit in your application and mail copies to the individuals listed on the form.

Step 7

To request a Telephonic hearing due to hardship, please complete and submit the Hardship Form with the application. Please be aware that this request is subject to approval.

Step 8

Assemble all your documents to include the criminal history report and the court dockets and attach them to the appropriate sections as specified in the application. Once assembled, make one copy of **EVERYTHING** (so you will have a total of 2 complete packets). Use a paper clip or binder clip to attach your documents together for each packet. **Stapled documents will not be accepted.**

Step 9

Keep one copy of your application packet for your records and mail the original packet to:

Board of Pardons
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, option 2. You can also visit us online at pardons.delaware.gov.



DELAWARE BOARD OF PARDONS
APPLICATION FOR PARDON
COVER SHEET

1. **Full name:** _____
First Middle Last Suffix
2. **Address:** _____
Number Street City State Zip Code
3. **Telephone Number:** _____ **SBI No.** _____
(Include area code) (Located on your Criminal History)
4. **Email Address:** _____
5. **Date of birth:** _____ Male Female
6. **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).**
- _____

7. 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: _____

NOTE: Please contact the Board of Pardons (302-739-4111, option 2) immediately if there is a change of address since this will affect your being notified of a hearing date or receiving any other correspondence.

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?

REASONS FOR SEEKING A PARDON

What are your reasons for seeking a pardon? Attach any supporting documents as evidence to support reasons due to extenuating circumstances. (Example: Denial letter due to failed background check or written regulations regarding criminal convictions preventing you from services)

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 community/charitable 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.

REQUEST FOR A TELEPHONIC HEARING DUE TO HARDSHIP

Due to the circumstance(s) described below, the applicant is requesting that a telephonic hearing be allowed in place of a “personal appearance”.

Applicant Name _____ Date of Birth _____

Reason(s) petitioner has found that it would be a hardship to physically attend the hearing:

If an approval of hardship is made, the “Board” may require that you be available by phone at your scheduled time. Please provide a reliable telephone number that could be used to contact you for a possible telephonic hearing (_____) - _____.

Signature of Applicant

Date

Approved

Date