



**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: \_\_\_\_\_

**NOTE: Please notify the Board of Pardons as soon as possible if you are transferred to another facility.**