



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.