



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 Non-Binary
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.