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 ☐ Non-Binary

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), or by email pardons@delaware.gov, immediately if there is a change of address since this will affect your being notified of a hearing date or receiving any other correspondence.