

State of Delaware
BOARD OF PARDONS
DELAWARE BOARD OF PARDONS INSTRUCTIONS

The Board of Pardons Application is a fillable PDF. This means you can type directly into the application on your computer or device.

To successfully complete the Board of Pardons Application, please follow the steps below.

1. Ensure you have Adobe Acrobat Reader prior to trying to save the form and submit online.

If you do not have Adobe Acrobat Reader, please find a free download for the software for the following devices: [Desktop Computers](#) | [iPhone/iPad](#) | [Android](#) | [Windows Phone](#).

This is the only platform that supports the online submission of the application. If you are using a Mac/Apple computer or device, **do not fill out the application using Preview**.

Please use Adobe Acrobat Reader.

2. Download the Board of Pardons [Application](#)
3. Save the application to your computer or device
4. Open the now-saved PDF in Adobe Acrobat Reader
5. Complete the application
6. Save the completed application to your computer or device

The application does not automatically save your information for your reference, even after you have downloaded it. In order to fill in the application and make necessary changes as you go along or after you submit it, you **MUST** save the application to your computer or device prior to inputting any information into it.

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.

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** 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 and any JUVENILE dispositions where you were sentenced as guilty as an adult in Superior Court. 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.**" This list can be found on our website. 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**, which can be found on our website, **pardons.delaware.gov**, 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 and a telephonic hearing is not guaranteed.

Step 8

Assemble all your documents, including 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, or by email at pardons@delaware.gov. Visit us online at pardons.delaware.gov.

CRIMINAL HISTORY REVIEW FORM

List all ADULT guilty offenses, pending offenses, disposition unknown, disposition unobtainable, or matters transferred to another court. Obtain this information from your certified criminal history and your certified court dockets and sentencing orders. Do not list any dismissed, nolle prosequi, or juvenile charges.

Offenses

Arrest Date

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Make sure that all of the offenses required to be addressed in this application are listed. Failure to list all required charges will result in your application being returned. This list will serve as a guide as you complete the DELAWARE BOARD OF PARDONS APPLICATION



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 at 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.

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?

SUMMARY OF OFFENSE(S)

Fill out a separate copy of this page for each conviction that is listed on the Criminal History Review Form. Provide requested information for offense(s) which can be found on the court docket and sentencing order.

Arrest Date: _____

Offense(s): If more than one offense was associated with the same arrest, list them.

Sentence Date: _____ **Sentence** _____

How much time, if any, did you serve in a correctional facility for this offense? _____

Probation: **Yes** **No** **If yes, provide date completed** _____

Restitution: **Yes** **No** **If yes, amount and if obligation is resolved (paid)** _____

(If obligation is not resolved, please contact the court and request a civil judgment and attach it to this page)

Name of Court: _____

Court Address: _____
Number *Street* *City* *State* *Zip Code*

Narrative Description of the Offense(s): Provide a complete and detailed account of the offense(s) you listed above. You are expected to describe in your own words the factual details surrounding the offense(s). Describe the full extent of your involvement in the criminal conduct.

Attach the Certified Court Docket(s) and Sentencing Order(s) associated with the offense(s)

REASONS FOR SEEKING A PARDON

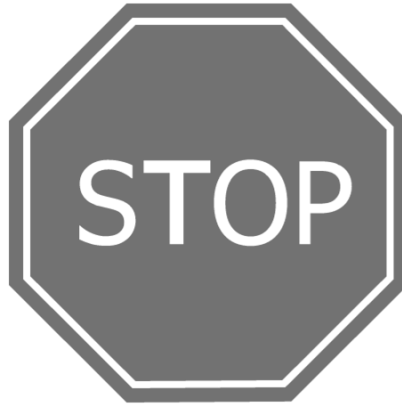
What are your reasons for seeking a pardon? Attach any supporting documents as evidence to support reasons due to extenuating circumstances. (Example: Denial letter due to failed background check or written regulations regarding criminal convictions preventing you from services)

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.



Please read the following carefully before proceeding to the next page:

- The purpose of the Affidavit of Mailing page is to certify that you have informed the agencies listed of your application, as they may wish to respond.
- You may fill in your reason(s) for applying and offense(s) information but **DO NOT SIGN** the Affidavit of Mailing page until you are in the presence of a notary.
- *After* the Affidavit has been notarized, make copies and mail them to the listed agencies. **Include the original Affidavit of Mailing with your application.**
- **ONLY** send the Affidavit of Mailing to those listed – **NOT** the entire application.
- If you are uncertain about the name of your sentencing Judge or the Chief of Police in the city/county you were arrested in, put “Presiding Judge” and “Chief of Police” with the appropriate address.

AFFIDAVIT OF MAILING



STATE OF DELAWARE

DELAWARE BOARD OF PARDONS

Applicant Name _____ **Date of Birth** _____

The above applicant has filed a petition for a pardon with the Board of Pardons ("Board") in the Secretary of State's Office, 401 Federal Street, Suite 3, Dover, DE 19901. The petition will be heard at the earliest possible date and location as determined by the Board.

Copies of this affidavit of mailing have been sent to:

1. The Judge(s) who presided at the sentencing hearing(s) or Presiding Judge(s)
2. Chief of Police in the city/county where the arrest(s) was/were made. Omit this step if you were only arrested by Delaware State Police.
3. Colonel Melissa Zebley, Superintendent, Department of Public Safety, Division of State Police, P.O. Box 430, Dover, DE 19903.

Reason(s) for applying:

Offense(s) and Date(s) of Arrest:

Signature of Applicant

Date

STATE OF _____)
) SS
COUNTY OF _____)

This applicant, being sworn, deposes and says that he/she is attesting that all statements contained in his/her application are true and correct in every respect, and that he/she has not suppressed any information that might affect this application.

Sworn to me before me this _____ day of _____, 20_____.

Signature of Notary Public

My commission expires _____. (SEAL)

IMPORTANT: Make sure you have completed every item on the checklist and that your application is signed and complete. Any missing information will significantly delay processing.

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