STATE OF DELAWARE

DELAWARE BOARD OF PARDONS COMMUTATION CHECKLIST

☐ Step 1

Obtain your up-to-date and complete **Offender Status Sheet (all pages)**, which can be requested from your housing unit counselor. This document must be attached to your application.

☐ Step 2

Request Certified Court Dockets and Sentencing Orders for offense(s) associated with your incarceration. These documents must be attached to your application.

☐ Step 3

Complete the entire **Delaware Board of Pardons Application for Commutation** by typing in your responses online and then printing once complete**.** You may handwrite your responses neatly if you don't have computer access.

☐ Step 4

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 5

Once assembled, make 1 copy of EVERYTHING. Mail the original application to The Board of Pardons and keep a copy for yourself.

☐ Step 6

Assemble your application by attaching the **Certified Court Dockets**, **Sentencing Orders**, **Offender Status Sheet** and all other relevant information with paper clips. Stapled documents will not be accepted.

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.
You can also visit us online at *pardons.delaware.gov* or email: *pardons@delaware.gov*.

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.

CRIMINAL HISTORY REVIEW FORM

List all guilty offense for which you are currently incarcerated. Obtain this information from your offender status sheet, certified court dockets, and sentencing orders. Do not list any prior convictions, dismissed, nolle prosequi, or juvenile charges.

Offenses	Arrest Date

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

Add Additional Review Pages

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)

Provide the requested information on offense(s) the specifics can be on the court docket/sentencing order and status offender sheet.

Arrest Date: _____

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

Sentence Date: _____ **Sentence:** _____

How much time has been served toward this sentence? _____

Probation: ☐ **Yes** ☐ **No** **If yes, provides the terms** _____

Restitution: ☐ **Yes** ☐ **No** **If yes, provide amount**

Name of Court: _____

Court Address: _____ _____ _____ _____ _____

Number ***Street*** ***City*** ***State*** ***Zip***

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. You should 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)

Add Additional Pages

REASONS FOR SEEKING A COMMUTATION

What are your reasons for seeking a commutation? Attach supporting documents as evidence to support reasons due to extenuating circumstances.

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 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 commutation 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.