





**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.

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**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.**

## **BIOGRAPHICAL INFORMATION**

**What is your highest level of education?**

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**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)

## **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.

