



## STATE OF DELAWARE

# **DELAWARE BOARD OF PARDONS COMMUTATION** **CHECKLIST**

### **Step 1**

Obtain your current and complete **Offender Status Sheet (all pages)**, which can be requested from your housing unit counselor. This document must be included with your application.

### **Step 2**

Request Certified Court Dockets and Sentencing Orders for all case(s) associated with your current incarceration. These documents must be included with 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 signed and 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 (with all of the original documents) to the Board of Pardons and keep the copy of everything for yourself.

### **Step 6**

Assemble your application by including the **Certified Court Dockets, Sentencing Orders, Offender Status Sheet** and all other relevant information. 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](http://pardons.delaware.gov) or email: [pardons@delaware.gov](mailto: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 any additional names by which you have been known (i.e., include your maiden name, name by a former marriage, aliases, and nicknames).

6. Attorney Information - Only provide the following information if being represented by an attorney.  
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 offenses associated with the case(s) 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 on this form.

## Offenses

**Arrest Date**This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it is resting on a surface.

**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, when the addiction began, any treatment received, and your sobriety date.

**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 within the institution.**

**Are you currently enrolled in school/vocational training? If yes, provide the name and location and your area of study.**

## **REASONS FOR SEEKING A COMMUTATION**

**What are your reasons for seeking a commutation?** Attach any documents as evidence to support your reasons.

**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**

Although not a requirement, you may submit letters of character reference and support with your application. We highly recommend that any letters be notarized; however, if unable to do so, all letters must include contact information for the writers (i.e., current phone number and address). The application and any supporting documents are not publicly disclosed.

**\*\*\* Please be advised that the writers may be contacted to verify the validity of their statements. \*\*\***

## SUMMARY OF OFFENSE(S)

**Fill out a separate copy of this page for each case for which you are currently incarcerated that you listed on the Criminal History Review Form.** The requested information for the offense(s) can be found on the court docket(s) and sentencing order(s).

**Arrest Date:** \_\_\_\_\_

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

**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)**



*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 signed and notarized, make copies of only the Affidavit 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). Use the court address associated with each of your cases.
2. Chief of Police in the city/county where the arrest(s) were made. Omit this step if you were only arrested by Delaware State Police. Use the arresting agency's address associated with each of your cases.
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/they is attesting that all statements contained in his/her/their application are true and correct in every respect, and that he/she/they 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 may significantly delay processing.