

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 William D. Crotty, 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 will significantly delay processing.