



REQUEST TO WAIVE ELIGIBILITY REQUIREMENTS
STATE OF CONNECTICUT
BOARD OF PARDONS & PAROLES

BOPP 3021
REV 05/24/21

1. Complete form in its entirety. Be sure it is written clearly and legibly in black or blue ink or in a computer font that is no smaller than 12 point.
2. Attach documents and statements which support your waiver request.
3. Send via U.S. Mail to: State of Connecticut Board of Pardons and Paroles, Attn: Commutations, 55 West Main Street, Suite 520, Waterbury, Connecticut, 06702.

I. Applicant Information

Name of applicant (*full legal name*)

Date of Birth

DOC Inmate Number

II. Eligibility Requirements

Please mark the box or boxes below indicating which of the following eligibility requirement(s) that you do not meet and that you would like the Chairperson to waive (please mark all boxes that apply):

- I am serving a total effective sentence where the aggregate term or terms of imprisonment is ten years or less.
- I have served less than ten years of the total effective sentence for which I am seeking a commutation.
- I have less than two (2) years to serve before becoming *eligible* for discretionary parole pursuant to section 54-125 or section 54-125a of the Connecticut General Statutes as estimated by the Board.
- I have had a charge or charges nolle'd within the last thirteen (13) months.
- I had an application for commutation denied or revoked by the Board within the last three (3) years.
- I have unresolved court fees or fines.
- I have unresolved pending criminal charges or cases in a Court of the United States (Federal), State, or United States' Territory.
- I have outstanding warrants issued for my arrest.



REQUEST TO WAIVE ELIGIBILITY REQUIREMENTS
STATE OF CONNECTICUT
BOARD OF PARDONS & PAROLES

BOPP 3021
REV 05/24/21

III. Please describe below why the checked requirements should be overridden and waived by the Board: (please attach additional pages if necessary)

IV. Please describe below what makes your circumstances extraordinary: (please attach additional pages if necessary)



REQUEST TO WAIVE ELIGIBILITY REQUIREMENTS
STATE OF CONNECTICUT
BOARD OF PARDONS & PAROLES

BOPP 3021
REV 05/24/21

V. **Applicant Acknowledgement & Submission**

By signing below, I understand that I am submitting a request to waive eligibility requirements. I understand that no person has any right or entitlement to a commutation and that participation in the commutation process may be limited or eliminated altogether, at any time, at the discretion of the Board. I also understand that a waiver of the Board's eligibility requirements is a rare and extraordinary occurrence and neither the Chairperson nor the Board are required to grant my request. I affirm that the above information and required accompanying documents are were provided by me or a person acting on my behalf and are true and accurate to the best of my knowledge. I understand that the false or misleading information will result in the denial of my request, and further may subject me to the penalties of perjury or false statement pursuant to Conn. Gen. Stat§ 53a-157.

Signed (*Applicant*)

Print name of person signed at left

Date signed