

STATE OF CONNECTICUT



BOARD OF PARDONS AND PAROLES

55 West Main Street – Waterbury, CT 06702

APPLICATION FOR COMMUTATION

NOTE: Type or print the answers in ink. If the application is illegible, the application will be returned and will not be processed. Each question must be answered fully, truthfully, and accurately. **Do not leave sections blank.** It is the applicant's responsibility to submit a complete application. If the application is not complete, the application will be returned. If the space provided for any answer is insufficient, answers may be completed on the Optional Continuation Page, list the question number and attach it to the application. All documentation relevant to the application must be attached. The submission of any false information is grounds for immediate denial or rejection of the application. **Information received after the submission of the application will not be accepted. If granted a Full Hearing, supplemental materials may be submitted at that time.**

GENERAL INFORMATION

Name: _____
 First Middle Last Suffix

Facility: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____

Gender: Male Female Other DOC #: _____

Did someone else help you prepare the application? Yes No

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: (____) _____ Email: _____

Is this person assisting in the preparation of the application an attorney? Yes No

If yes, Bar # _____

If yes, will they represent you if you are granted a hearing? Yes No

If not an attorney, what is the relationship between the applicant and the person assisting in the preparation?

1) List the following:

- a) Every other name by which you have been known (alias, maiden, former marriage, nicknames) including the name under which you were convicted;
- b) The reason for your use of another name; and
- c) The dates during which you were so known.

2) Are you a United States citizen? Yes No

a) If you are not a U.S. citizen, list your nationality and your alien registration number.

b) If you are a naturalized U.S. Citizen, list the date and place of your naturalization. Otherwise, list "not applicable". _____

3) Have you ever applied for a Commutation before? Yes No

a) If yes, when was your last application denied? _____

b) Has it been at least five years from the most recent denial? Yes No

i. If no, you are not eligible to apply.

ii. If yes, do you have new, compelling information not included with your original application? Yes No

a. If no, you are not eligible to apply.

b. If yes, you **MUST** specifically indicate in **Section 14** what the new, compelling information is.

DETAIL OF OFFENSE(S) FOR COMMUTATION CONSIDERATION

- 4) List the docket number(s), conviction date(s), offense(s) and sentence length(s) associated with the conviction(s) for which a commutation is being requested.

DOCKET #	CONVICTION DATE	OFFENSE	SENTENCE

- 5) Did you appeal the conviction(s) for which you seek commutation? Yes No
- a) If *yes*, was the appeal granted or denied? _____
- b) What was the date of the decision? _____

- 6) If eligible to apply for a Sentence Modification, when did you apply? _____
- a) Was the modification granted? Yes No
- b) What was the date of the decision? _____
- c) If *granted*, describe the modification: _____

- 7) Were there victims of your crime(s)? Yes No
- a) If *yes*, how many? _____
- b) Did you know the victim(s)? Yes No
- c) If *yes*, what was the relationship? _____
- d) Were the victim(s) injured? Yes No
- e) Age(s) of the victim(s)? _____

- 8) Are you required to register as a Sex Offender? Yes No
- a) If *yes*, what is the length of your registry term? 10 years Lifetime

- 9) Are you the subject of a Standing Criminal Protective Order? Yes No
- a) If *yes*, who is the protected party? _____

10) Were other persons involved in the crime(s) listed above? Yes No

a) If yes, list the name of your codefendant(s) and what, if any, sentences they received:

NAME of Co-Defendant	SENTENCE of Co-Defendant

11) Do you have a detainer? Yes No

a) If yes, list the agency who lodged the detainer (ICE, City, State, etc.):

12) Were you ordered to pay restitution? Yes No

a) If so, how much restitution was ordered? _____

b) Has the restitution been paid? Yes No

c) If yes, how much was paid? _____

i. What was the final payment date? _____

d) If restitution has not been paid, explain why not?

ACCOUNT OF THE OFFENSE(S)

13) In your own words, provide a detailed account of the offense(s) or conviction(s) for which you are seeking commutation. Describe your involvement in the criminal activity. *If more space is needed, use the Optional Continuation Page and list the question number.* Please note, you are required to submit a police report for the offense(s) for which you seek commutation. If the report is unavailable, a letter from the Police Department stating as such is mandatory.

Commutation Background Investigation Authorization:

This is to certify that I have applied for a Commutation with the Connecticut Board of Pardons and Paroles and have completed this application fully, truthfully and accurately. I acknowledge that an investigation will be conducted.

In consideration for the processing of my application, I, _____,
formerly known as _____, do hereby agree to the following:

WAIVER OF LIABILITY AND INFORMATION TO BE RELEASED:

Having made application to the Connecticut Board of Pardons and Paroles for a commutation, I would like a panel of the Pardons Board to consider it an accurate reflection of my criminal history, record and character, I authorize the release of any and all information, verbal and/or written, which includes but is not limited to, information related to current or previous employment, personnel records, criminal records, educational records, any investigative records, credit records, tax or bank records, correctional records, medical records, mental health records, sealed records, confidential records or information previously agreed to be withheld, opinions of my character or conduct, and any and all information that a person or entity may have concerning me, and I agree to hold all entities and persons from any liability arising out of the furnishing of said information.

INFORMATION TO BE RELEASED FROM:

Any person or entity who may have knowledge of the above named individual, including but not limited to friends, family members, neighbors, acquaintances, co-workers, businesses, previous or current employers, any law enforcement or correctional facility or agency, any credit reporting bureau, any educational facility or institution, any financial institution, or any other person or entity deemed relevant by the Pardons Board or officer conducting the background investigation incident to my application for a commutation, may furnish said information.

INFORMATION TO BE RELEASED TO:

The Connecticut Board of Pardons and Paroles or its designated agent, and the Connecticut Division of Criminal Justice.

PURPOSE OF RELEASE:

I, the above named applicant, have requested a commutation from the Connecticut Board of Pardons and Paroles. The members of the pardons panel may consider a wide range of factors including my character, conduct, criminal record, mental or medical health status and any other significant history about me incident to my application for a commutation. **I understand my authorization under this Waiver and Liability Release is voluntary and that I may refuse to sign this document.** I understand I am not entitled to receive or examine, review or otherwise discover the contents of the information gathered or disclosed in the course of the investigation incident to my application for commutation. I understand if I refuse to sign this authorization document, my application for commutation will not be considered. I understand information gathered may become public record if the subject application is brought for consideration at a meeting before the Pardons Board. I understand I may revoke this authorization under this Waiver and Liability Release at any time by notifying the Pardons Board in writing at 55 West Main St, Waterbury, CT 06702, except to the extent that action has taken place in reliance on this authorization document. I understand any such revocation of authorization will result in the termination of any pardons investigation or termination of further consideration for a pardon.

NEW INFORMATION:

I certify I have not been convicted of any other crimes in the State of Connecticut or in any other state or federal jurisdiction in addition to those offenses listed on the attached petition for a pardon. I affirm I do not have any pending criminal actions in the State of Connecticut or in any other state or federal jurisdiction. I affirm any police reports or official information I have forwarded to the Pardons Board have not been altered or have any pages omitted. **I will notify the Pardons Board, in writing, of the existence of any additional criminal matters that are pending against me or of any new arrests, from the time that this affidavit is executed, to the date that a commutation certificate may be issued by the Board.**

This waiver shall apply to any right of action of any nature whatsoever, which may accrue to me, my heirs, or my personal representative(s). Copies of this authorization, with my signature, are deemed to be as valid as the original release, signed by me. This authorization is valid for one (1) year from the date signed.

My signature below indicates my acknowledgment and approval of the Notice of Application (JD-VS-3 7-10 / C.G.S. & 54-227) being sent to the Department of Correction Victim Services Unit and Office of Victim Services, Judicial which may have my electronic signature. In signing this document, I am allowing the Board of Pardons and Paroles to complete my Commutation application. If I do not authorize my signature to be used electronically, I understand that my application may not be processed.

Dated this _____ day of _____, 20 ____

Applicant's (Physical or Electronic) Signature

