

# Application for Pardon or Commutation

## MINNESOTA BOARD OF PARDONS

1450 Energy Park Drive, Suite 200, St. Paul, MN 55108

phone: 651-361-7171; fax 651-603-6770

website: <https://mn.gov/doc/about/pardon-board/>



The Board of Pardons may grant a pardon or commute the sentence of any person who has been convicted of a crime under the laws of this state and is still serving the sentence for that crime. A pardon is an act of forgiveness that exempts the convicted person from the punishment imposed by law. A commutation is the substitution of a lesser penalty for the original sentence that was judicially imposed.

### Instructions

1. Complete all sections of this application. Sign the last page and include the county and state in which the application is signed. Omissions or false statements may constitute grounds for denial of a pardon or commutation.
2. **If your application is based on “institutional adjustment,” the Department of Corrections will provide the Board with an institutional adjustment report.**
3. Submit the application, and any attachments you wish to include, using one of the following methods:
  - a. mail the application to the Board of Pardons at the above address;
  - b. scan and e-mail the application to [mnboardofpardons@state.mn.us](mailto:mnboardofpardons@state.mn.us); or
  - c. fax the application to 651-603-6770.
4. We will acknowledge receipt of your application.

### Applicant Identification Information

Last name	First name	Middle name
Date of birth	Place of birth	Social security number
Facility and OID# or current address		
City	State	Zip code
Telephone	Driver's license number	Issuing state

Do you need an interpreter for the meeting?

Yes  No

If yes, what language?

\_\_\_\_\_

**DATA PRIVACY NOTICE**

*Be advised that the information you provide as part of this application, and any relevant materials found by Board of Pardons staff in investigating your application, will be discussed at the public meeting of the Board of Pardons and that these records are open to public inspection per Minn. Stat. § 638.07. Failure to provide the requested information may affect the processing of your application and result in the denial of a pardon or commutation.*

**Use of Other Names**

List every name by which you have been known including conviction name, maiden name, former married name, nicknames, and all aliases.

1.		2.	
3.		4.	
5.		6.	

**Pardon or Commutation Application History**

Have you previously applied for a pardon or commutation in Minnesota?  Yes  No

If yes, please list the dates you applied and the outcome of the application.

**Convictions**

- ❖ Although the Board of Pardons has jurisdiction over Minnesota convictions only, you must include all convictions in this application, including those in other states or countries, and all violations of conditions of release including supervised release, conditional release, and parole.
- ❖ You must provide the date, county of conviction, and whether you pled guilty to the crime.
- ❖ If you are uncertain about any convictions, please explain as best you can.
- ❖ You may review Bureau of Criminal Apprehension records at <https://dps.mn.gov/divisions/bca> (651-793-2400); records from the courts; police departments; and the Minnesota Department of Motor Vehicles <https://dps.mn.gov/divisions/dvs>. Court records can be obtained at <http://www.mncourts.gov>.
- ❖ Specify whether you are seeking a pardon or commutation from the board.
- ❖ **You must notify the board if you are charged with a new offense after you submit your application.**

### Conviction Information

Provide a detailed description of every offense **for which you are seeking a pardon or commutation** starting with your most recent conviction. If more than three convictions, attach additional sheets using the same format.

Court file number	Date of conviction	County of conviction	<input type="checkbox"/> Pardon <input type="checkbox"/> Commutation
Offense	Sentence	Plea	Sentence expiration/discharge date
Trial judge	Prosecuting attorney	Defense attorney	Victim
Amount of court ordered restitution or fines	Amount paid	Amount still owed	If you paid all restitution for this conviction, attach documentation that confirms this.
Did you challenge this conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how?	<input type="checkbox"/> Appeal of conviction <input type="checkbox"/> Appeal of sentence <input type="checkbox"/> Post conviction action <input type="checkbox"/> Habeas corpus action
Grounds for challenge	Outcome	Attorney name (also address and phone number if action was within the last 5 years)	

Description of offense.

**If you went to trial in this case,** provide a brief statement of the evidence and testimony presented at your trial, to the extent the information is accessible to you or to the best of your recollection.

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### Conviction Information

State all other convictions for which you are **not** seeking a Pardon or Commutation for. If you more convictions than what will fit on this page, attach additional sheets using the same format.

Offense	Date of Offense	Sentence
Date of Conviction/Court file number		County/State of Conviction
Offense	Date of Offense	Sentence
Date of Conviction/Court file number		County/State of Conviction
Offense	Date of Offense	Sentence
Date of Conviction/Court file number		County/State of Conviction
Offense	Date of Offense	Sentence
Date of Conviction/Court file number		County/State of Conviction
Offense	Date of Offense	Sentence
Date of Conviction/Court file number		County/State of Conviction
Offense	Date of Offense	Sentence
Date of Conviction/Court file number		County/State of Conviction
Offense	Date of Offense	Sentence
Date of Conviction/Court file number		County/State of Conviction
Offense	Date of Offense	Sentence
Date of Conviction/Court file number		County/State of Conviction
Offense	Date of Offense	Sentence
Date of Conviction/Court file number		County/State of Conviction
Offense	Date of Offense	Sentence
Date of Conviction/Court file number		County/State of Conviction
Offense	Date of Offense	Sentence
Date of Conviction/Court file number		County/State of Conviction

### Grounds Upon which Relief is Sought

State the rationale for the relief you are seeking from the Board by checking the appropriate boxes.

Crime and trial	<input type="checkbox"/> innocence <input type="checkbox"/> entrapment <input type="checkbox"/> inadequate counsel <input type="checkbox"/> unfair trial <input type="checkbox"/> prejudicial jury
Sentence	<input type="checkbox"/> excessive in light of the plea bargain or in comparison to that given an accomplice <input type="checkbox"/> harsh in light of criminal history
Institutional adjustment	<b>The Department of Corrections will provide information to the Board.</b> <input type="checkbox"/> model prisoner <input type="checkbox"/> unusual educational achievements <input type="checkbox"/> religious conversion <input type="checkbox"/> recovery from chemical dependency <input type="checkbox"/> threats to life while in prison <input type="checkbox"/> no chance for rehabilitation in prison setting
Personal situation	<input type="checkbox"/> medical complications <input type="checkbox"/> total rehabilitation <input type="checkbox"/> desperate family need

Explain why you believe the board should grant you a pardon or commutation.

**Individuals Speaking on your Behalf**

One or two people may speak in support of your application at the hearing.

Name and address of person who will speak	How you are associated	Brief summary of information to be presented

**Support/Recommendation Letters**

Although not required, you may submit a few letters of support or recommendation. **Please do not submit more than six letters, as additional letters will not be considered.**

**I hereby declare under penalty of perjury that everything I have stated in this document is true and correct. I authorize any agency or individual in any state to provide the Minnesota Board of Pardons with information relating to my application including records of arrests and convictions and I understand the information provided may include information previously subject to an order of expungement.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
County

\_\_\_\_\_  
State