

Request for Waiver of the Waiting Period

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/>



Persons are not eligible to apply for a pardon extraordinary until five years have passed since they were discharged from their most recent criminal sentence, or ten years if they have been convicted of a felony crime of violence as defined in Minn. Stat. § 624.712, subdivision 5. An exception can be made only if the Board of Pardons agrees by unanimous vote to waive the required waiting period and the Board will only do so if there are special circumstances that warrant such action.

Instructions

1. Complete all sections of this application. Sign the last page and include the county and state in which the application is signed.
2. 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; or
 - c. fax the application to 651-603-6770.
3. We will acknowledge receipt of your application.

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 your request.

Full name	Date of birth
Address	Date of this request
Telephone	Email

List all convictions for which you request a waiver of the waiting period

If more than three convictions, attach additional sheets using the same format.

First Conviction

Description of offense.

Offense	Sentence	County/state of conviction	Date of conviction / Court file number
Date of discharge (date probation or parole ended)		Date the waiting period ends for this conviction	

Special circumstances you believe justify a waiver of the waiting period.

Second Conviction

Description of offense.

Offense	Sentence	County/state of conviction	Date of Conviction / Court file number
Date of Discharge (date probation or parole ended)		Date the waiting period ends for this conviction	

Special circumstances you believe justify a waiver of the waiting period.

List all convictions for which you request a waiver of the waiting period

If more than three convictions, attach additional sheets using the same format.

Third Conviction

Description of offense.

Offense	Sentence	County/state of conviction	Date of conviction / Court file number
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Date of Discharge (date probation or parole ended)	Date the waiting period ends for this conviction
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Special circumstances you believe justify a waiver of the waiting period.

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 that the information provided may include information previously subject to an order of expungement.

Applicant Signature

Date

County

State