

**OFFICE OF GOVERNOR ANDY BESHEAR**  
APPLICATION FOR GUBERNATORIAL PARDON  
AND/OR COMMUTATION OF SENTENCE

The applicant, or the applicant's representative, **MUST** complete this application in full -- please use extra paper where necessary. Answer every question that applies to you and mark ("N/A") if not applicable.

1. A pardon is an executive action that may officially nullify punishment or other legal consequences of a crime, making it as if the pardoned person had never committed the crime (although this depends on the nature of the pardon). A commutation is an executive action where the punishment associated with the conviction is shortened, but the conviction and its consequences remain on an applicant's record. Are you requesting a pardon or a commutation?

Pardon       Commutation

2. Are you currently in prison or jail?

Yes    No

3. Legal Name : Mr.  Ms.  \_\_\_\_\_  
Last First Middle

4. Name used at Time of Conviction: \_\_\_\_\_  
Last First Middle

5. Additional Aliases Used: \_\_\_\_\_

6. Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

7. Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

8. Phone: (\_\_\_\_) \_\_\_\_\_

9. Criminal Charges or Convictions. **BEGINNING WITH MOST RECENT**, list **ALL** of your past and pending charges, felony or misdemeanor, regardless of conviction, excluding only minor traffic violations – **use extra paper if necessary**. Attaching a background check or court document summarizing these convictions is encouraged.

a. Original Charge \_\_\_\_\_  
 Conviction Received \_\_\_\_\_  
 Court of Conviction \_\_\_\_\_ County & State \_\_\_\_\_  
 Date Convicted \_\_\_\_\_  
 Judge \_\_\_\_\_ Prosecutor \_\_\_\_\_ Defense Attorney \_\_\_\_\_  
 Length of Sentence \_\_\_\_\_ Probated for \_\_\_\_\_ years  
 Federal Sentence  Yes  No Federal Number \_\_\_\_\_  
 Period of Incarceration \_\_\_\_\_ Place of Incarceration \_\_\_\_\_  
 Conditional Release Date \_\_\_\_\_ Date Paroled \_\_\_\_\_ Date of Final Discharge \_\_\_\_\_  
 Date Probated \_\_\_\_\_ Date Probation Expired \_\_\_\_\_  
 Probation/Supervising Officer's Name and County \_\_\_\_\_

b. Original Charge \_\_\_\_\_  
 Conviction Received \_\_\_\_\_  
 Court of Conviction \_\_\_\_\_ County & State \_\_\_\_\_  
 Date Convicted \_\_\_\_\_  
 Judge \_\_\_\_\_ Prosecutor \_\_\_\_\_ Defense Attorney \_\_\_\_\_  
 Length of Sentence \_\_\_\_\_ Probated for \_\_\_\_\_ years  
 Federal Sentence  Yes  No Federal Number \_\_\_\_\_  
 Period of Incarceration \_\_\_\_\_ Place of Incarceration \_\_\_\_\_  
 Conditional Release Date \_\_\_\_\_ Date Paroled \_\_\_\_\_ Date of Final Discharge \_\_\_\_\_  
 Date Probated \_\_\_\_\_ Date Probation Expired \_\_\_\_\_  
 Probation/Supervising Officer's Name and County \_\_\_\_\_

c. Original Charge \_\_\_\_\_  
 Conviction Received \_\_\_\_\_  
 Court of Conviction \_\_\_\_\_ County & State \_\_\_\_\_  
 Date Convicted \_\_\_\_\_  
 Judge \_\_\_\_\_ Prosecutor \_\_\_\_\_ Defense Attorney \_\_\_\_\_  
 Length of Sentence \_\_\_\_\_ Probated for \_\_\_\_\_ years  
 Federal Sentence  Yes  No Federal Number \_\_\_\_\_  
 Period of Incarceration \_\_\_\_\_ Place of Incarceration \_\_\_\_\_  
 Conditional Release Date \_\_\_\_\_ Date Paroled \_\_\_\_\_ Date of Final Discharge \_\_\_\_\_  
 Date Probated \_\_\_\_\_ Date Probation Expired \_\_\_\_\_  
 Probation/Supervising Officer's Name and County \_\_\_\_\_

**(Use extra paper for all additional charges/convictions)**

10. Have you ever been found in violation of any terms or conditions of parole?  Yes  No. If yes, explain on extra paper.

11. Have you ever been found in violation of any terms or conditions of probation?  Yes  No. If yes, explain on extra paper.

12. Are you currently under indictment?  Yes  No Explain: \_\_\_\_\_

13. Do you have any outstanding fines?  Yes  No Explain: \_\_\_\_\_

14. Do you have any unpaid restitution?  Yes  No Explain: \_\_\_\_\_

15. If you were ever in prison or jail, please list all disciplinary infractions you received. (Include the basis for the action and discipline received) \_\_\_\_\_

16. All conviction(s) for which relief is sought: \_\_\_\_\_

17. Education – Complete for the highest grade or year completed at all levels of school below.

i. High School  
 Name and Address of School \_\_\_\_\_  
 Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Date of Graduation \_\_\_\_\_ Diploma  Yes  No

ii. Undergraduate College or University  
 Name and Address of School \_\_\_\_\_  
 Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Date of Graduation \_\_\_\_\_ Degree \_\_\_\_\_

iii. Graduate College or University  
 Name and Address of School \_\_\_\_\_  
 Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Date of Graduation \_\_\_\_\_ Degree \_\_\_\_\_

iv. Vocational, Business or Technical School  
 Name and Address of School \_\_\_\_\_  
 Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Date of Graduation \_\_\_\_\_ Degree \_\_\_\_\_

v. GED  Yes  No Date \_\_\_\_\_

18. Your three most recent employers (begin with most recent)

a. Employer's Name \_\_\_\_\_  
 Employer's Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_  
Period of Employment \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

b. Employer's Name \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Period of Employment \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

c. Employer's Name \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Period of Employment \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

19. Military record (include branch of military, date of service, and type of discharge): \_\_\_\_\_  
\_\_\_\_\_

20. Have you ever received a pardon/commutation? Yes No

21. **In a separate letter, which must accompany the application**, please describe in your own words the reason(s) you are seeking relief and state the extenuating circumstances supporting the basis for the request.

22. **A minimum of three (3) letters of recommendation in support of the request for relief must accompany the Application.** Additional letters are recommended and may be submitted from all sources, including but not limited to the following: neighbors, employers, co-workers, pastors, church members, elected officials, judges, prosecutors, family members, etc.

23. Name, address and phone number of person(s) to contact if we need to contact you on an emergency basis.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby authorize the Office of the Governor and any of its representatives to make all necessary investigations of my work, character, personal history, and financial, criminal, credit, and other records through law enforcement, investigative, or credit agencies, or through communication with persons including, but not limited to, the following: (a) anyone connected with my current employer, (b) any former supervisor, official, or co-worker at my prior employers, (c) my neighbors, friends, or others with whom I am acquainted, or (d) individual references, schools, or other organizations, including law enforcement agencies. I hereby authorize all parties referenced in the preceding sentence to release in any manner any and all information which may be pertinent to my application, whether such information is public record or not. I also hereby release all persons, employers, agencies, schools, companies, or other parties from any damages resulting from furnishing such information.**

**I swear or affirm that the information reported in this application and any accompanying material is complete and accurate.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Additional responses may be required of an applicant.**

**COMPLETION OF THE APPLICATION FOR GUBERNATORIAL PARDON AND/OR COMMUTATION OF SENTENCE MEANS ONLY THAT THE APPLICANT MAY BE CONSIDERED FOR A PARDON AND/OR COMMUTATION, NOT THAT ONE WILL BE GRANTED. APPLICANTS WHOSE REQUEST IS GRANTED WILL BE NOTIFIED; APPLICANTS WHOSE REQUEST IS NOT GRANTED WILL NOT BE NOTIFIED UNLESS THEIR APPLICATION IS GRANTED AT A LATER TIME.**

Promptly notify us in writing at the below address concerning any change of address or change in telephone listing.

Return completed Application for Gubernatorial Pardon and/or Commutation of Sentence **with required attachments** to:

Office of the Governor  
700 Capitol Avenue  
Frankfort, Kentucky 40601  
ATTN: Office of the General Counsel