

Application for Pardon Extraordinary

MINNESOTA BOARD OF PARDONS

1450 Energy Park Drive, Suite 200, St. Paul, MN 55108
phone: 651-361-7171; fax: 651-603-6770



The Board of Pardons may grant a pardon extraordinary to an individual it determines to be of good character and reputation, provided the following requirements are satisfied:

1. the sentence imposed by the court is fully served and expired; and
2. the applicable waiting period has elapsed or has been waived by the Board:
 - a. **FIVE years** from the date of discharge if the person was convicted of a crime not included within the definition of crimes of violence under Minn. Stat. § 624.712, subdivision 5 and during that time the person has not been convicted of any other crimes.
 - b. **TEN years** from the date of discharge if the person was convicted of a crime of violence as defined in Minn. Stat. § 624.712, subdivision 5.

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.
2. Submit the application and any attachments you wish to provide, including up to three letters from others that demonstrate your good character and reputation, 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. You will receive an acknowledgement including details on the Board meeting date, time and location.

Applicant Identification Information

The information on this page will be provided to the Board, but will not be available to the public.

| | | |
|-----------------|-------------------------|------------------------|
| Last name | First name | Middle name |
| Date of birth | Place of birth | Social security number |
| Current address | | |
| City | State | Zip code |
| Telephone | Driver's license number | Issuing state |

| | |
|-----------|---------------|
| Full name | Date of birth |
|-----------|---------------|

DATA PRIVACY NOTICE

In your application to the Board of Pardons, you will be asked to provide information that is classified as private and confidential under the Minnesota Government Data Practices Act. Be advised that the information will be discussed at the public meeting of the Board of Pardons and that records from this meeting 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 pardon.

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. |

Pardon Application History

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|---|--|
| Have you previously applied for a pardon in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please list the dates you applied. |
|---|--|

Criminal History

| | | | |
|--|----|---|----|
| Have you previously been in prison? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| List all states where you have been in prison. | 1. | Offender number for all states where you have been in prison. | 1. |
| | 2. | | 2. |
| | 3. | | 3. |
| List any pending criminal charges. | | Arresting agency for pending criminal charges | |
| 1. | | 1. | |
| 2. | | 2. | |

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 dps.mn.gov (651-793-2400); records from the courts; police departments; and the Minnesota Department of Motor Vehicles. Court records can be obtained at courts.state.mn.us.
- ❖ **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 extraordinary** 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 | |
| Offense | Sentence | Plea | Discharge date |
| Trial judge | Prosecuting attorney | Defense attorney | Victim(s) |
| Amount of court ordered restitution, fines, or fees | Amount paid | Amount still owed | If you paid all restitution for this conviction, attach documentation that confirms this. |

Describe the offense.

Provide a summary of the evidence and testimony considered at your trial and written verification by the judge or prosecuting attorney that your statement is accurate. If no verification is provided, explain why.

List any violations of release (parole, probation, supervised, conditional) related to this conviction including the violation dates.

| Violations | Violation dates |
|------------|-----------------|
| | |
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| | |

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| Violations | Violation dates |
|------------|-----------------|
| | |
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Conviction Information

List all crimes for which you are **not** seeking a pardon extraordinary. If you have more convictions than will fit on this page, attach additional sheets using the same format.

| | | |
|--------------------|-----------------|----------------------------|
| | | |
| Offense | Date of offense | Sentence |
| Date of conviction | | County/State of conviction |
| | | |
| Offense | Date of offense | Sentence |
| Date of conviction | | County/State of conviction |
| | | |
| Offense | Date of offense | Sentence |
| Date of conviction | | County/State of conviction |
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| Offense | Date of offense | Sentence |
| Date of conviction | | County/State of conviction |
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| Offense | Date of offense | Sentence |
| Date of conviction | | County/State of conviction |
| | | |
| Offense | Date of offense | Sentence |
| Date of conviction | | County/State of conviction |
| | | |
| Offense | Date of offense | Sentence |
| Date of conviction | | County/State of conviction |
| | | |

Grounds Upon which Relief is Sought

- ❖ Explain why you believe the Board should grant your request for a pardon extraordinary.
- ❖ Include information about how you have changed and improved your life, such as your employment history; involvement in rehabilitation, education, support groups, and the community; and any volunteer activities.

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 |
|---|------------------------|--|
| | | |
| | | |

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 (print and sign document)

Date

County

State