

# 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



The waiting period for making an application for a pardon is 10 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. The waiting period for all other crimes is 5 years from the date of discharge. An exception can be made only if the Board of Pardons agrees by unanimous vote to waive the required waiting period and 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](mailto: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.

### DATA PRIVACY NOTICE

*In your request 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 a public meeting of the Board of Pardons and 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 request.*

Full name	Date of birth
Address	Date of this request

**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
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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.

**Second Conviction**

Description of offense.

Offense	Sentence	County/state of conviction	Date of Conviction
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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.

**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
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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 (print and sign document)

Date

County

State