



STATE OF NEW JERSEY

PETITION FOR EXECUTIVE CLEMENCY

INSTRUCTIONS: All questions must be answered in full and printed legibly in ink or typed. In the event that this form does not provide sufficient space for any answer, attach additional sheets and number your answer accordingly. If you are confined in a correctional facility, this form must be completed and forwarded to the Administrator of the correctional facility where you are confined. In all other cases the completed petition should be mailed to:

New Jersey State Parole Board
Attn: Clemency Unit
P.O. Box 862
Trenton, New Jersey 08625

NOTE: It would be helpful if you support this petition with documentation (i.e.; copies of high school diploma, college transcripts, marriage license, proof of employment, proof of citizenship, if applicable etc.); however, it is not necessary that you provide these documents.

Applicant Name: _____

Address: _____

Telephone #: _____

If you are represented by an attorney or other party, please indicate to whom all communications relating to this petition should be addressed.

Attorney Name: _____

Address: _____

Telephone #: _____

1. Type of Executive Clemency sought by applicant ([check one below](#)):

- | | |
|--|--|
| ☐ Pardon | ☐ Remission of Fine |
| ☐ Commutation of Sentence | ☐ Other _____ |

2. List any other names by which you have been known:

3. What is your reason for seeking clemency?

4. State briefly why you believe you should be granted clemency:

5. Date of Birth: _____ SBI No.: _____
Place of Birth: _____ Driver's License No.: _____
County of Birth: _____ Social Security No.: _____

6. If you were not born in the United States, complete below.

When did you first enter the United States? _____

Port of entry: _____

Under what name did you enter? _____

Are you a naturalized citizen of the United States?

☐ Yes Date of Naturalization: _____

☐ No Give alien registration number: _____

Are you presently under an order for deportation or are deportation proceedings pending? ☐ Yes ☐ No

Are you under an immigration detainer? ☐ Yes ☐ No

7. For each member of your family give the following information:

	Name (if deceased, give age at death)	Address	Occupation
Father			
Mother			
Brothers			
Sisters			

8. Were your parents ever separated or divorced? ☐ Yes ☐ No

9. Please indicate the highest level of education you attended and the dates.

School	Date Attended	Date Completed

10. Were you ever married? (include civil union) ☐ Yes ☐ No
(If "yes", please provide)

Name Used	Maiden Name	Date Married/ Civil Union	Place of Marriage/ Civil Union

Did any marriage or civil union result in annulment, legal separation, or divorce?

☐ Yes ☐ No

(If "yes", please provide)

Name of Court	Location of Court	Date of Decree	Type of Decree	Conditions of Decree

11. Do you have children? ☐ Yes ☐ No If yes, how many? _____

Give the following information about your children and any others who are dependent upon you for support:

Name	Address	Date of Birth

12. List each job you have held and give the following information regarding each position:

Employer: _____

Date Employed: _____ Position Held: _____

Salary: _____ Reason for Leaving: _____

Employer: _____

Date Employed: _____ Position Held: _____

Salary: _____ Reason for Leaving: _____

Employer: _____

Date Employed: _____ Position Held: _____

Salary: _____ Reason for Leaving: _____

(Please use a separate sheet of paper for additional employers)

13. Religious affiliation: _____ Name of Church: _____

14. Provide names and addresses of any social clubs, unions, fraternal groups, or other community organizations to which you belong; include dates of participation.

15. Have you ever served in the United States Armed Forces? ☐ Yes ☐ No
(If "yes", please provide)

What branch did you serve? _____

Date and Place of entry: _____

Serial, service or identification number: _____

Highest rank: _____

Discharge: ☐ Honorable ☐ Dishonorable ☐ General
☐ Bad Conduct ☐ Other (explain)

Date of discharge: _____ (Provide official discharge documents)

Do you have a disability that is recognized by the Veteran's Administration?

☐ Yes ☐ No

If you do, describe the degree of your disability and indicate amount of financial benefit received per month:

16. **Record of arrests:** (List each time you were arrested and whether a conviction resulted. If you are uncertain of any details, your statement to that effect may be grounds for rejection of this petition for falsification. If possible, provide any arrest reports or court documents [i.e., Pre-Sentence Investigation Report and/or Judgment of Conviction]. If you are not in possession of these documents, our office will request them from the court.)

Arrest Date: _____ Date of Sentence: _____

Location of Court: _____ Crime(s): _____

Sentence: _____

(Confinement, Probation, Fine, etc.)

Circumstances of Crime: _____

Arrest Date: _____ Date of Sentence: _____

Location of Court: _____ Crime(s): _____

Sentence: _____

(Confinement, Probation, Fine, etc.)

Circumstances of Crime: _____

Arrest Date: _____ Date of Sentence: _____

Location of Court: _____ Crime(s): _____

Sentence: _____

(Confinement, Probation, Fine, etc.)

Circumstances of Crime: _____

Arrest Date: _____ Date of Sentence: _____

Location of Court: _____ Crime(s): _____

Sentence: _____

(Confinement, Probation, Fine, etc.)

Circumstances of Crime: _____

Arrest Date: _____ Date of Sentence: _____

Location of Court: _____ Crime(s): _____

Sentence: _____

(Confinement, Probation, Fine, etc.)

Circumstances of Crime: _____

(Please use separate sheets of paper for additional arrests/convictions)

17. List each instance of incarceration in a correctional facility:

Name of Facility	Location of Facility	Date Entered	Date Released

18. Have you ever appealed the conviction or sentence for which you are seeking clemency? ☐ Yes ☐ No

(If "yes", please provide)

Name of Court	Docket Number	Date of Disposition of Appeal

Are any appeals currently pending?

☐ Yes

☐ No

(If "yes", please provide)

What jurisdiction? _____

Have you ever filed a motion for post conviction relief?

☐ Yes

☐ No

(If "yes", please provide)

Disposition	Date of Disposition

Have you applied for an expungement?

☐ Yes

☐ No

(If "yes", please provide)

Disposition	Date of Disposition

19. List each instance of parole or probation including (PTI) Pre-Trial Intervention Program (PTI) and Conditional Discharge (CD):

Type of Supervision (Parole, Probation, PT, CD)	Date Supervision Began	District Office	Date of Discharge

List each instance of revocation of parole or probation:

20. Have you ever had a court issue a restraining order against you for a domestic violence-related incident? ☐ Yes ☐ No

(If "yes". please provide)

Details of restraining order: _____

21. Do you have any open, pending court matters? ☐ Yes ☐ No

(If "yes". please provide)

Court (Superior or Municipal)	Offense	Date of Arrest

22. Have you ever been hospitalized for treatment of a psychological disorder?

☐ Yes ☐ No

(If "yes". please provide)

Institution	Date Entered	Date Released

23. Please provide a detailed history of your alcohol and/or drug use.

Substance(s) of choice: _____

Frequency of use: _____

Age started: _____

Amount of money spent on use: _____

Ever sold drugs? ☐ Yes ☐ No

Ever charged with Driving Under the Influence? ☐ Yes ☐ No

(If "yes". please provide)

Disposition: _____

Have you ever received treatment for alcohol and/or drug addiction?

☐ Yes ☐ No

(If "yes", please provide information for each treatment you experienced)

Type of treatment: (Check all that apply)

☐ Inpatient

☐ Outpatient

☐ Narcotics Anonymous (NA)

☐ Alcohol Anonymous (AA)

Name of treatment facility: _____ Date entered: _____

Location: _____ Date discharged: _____

Number of days in treatment: _____

Reason for discharge: _____

(Please provide additional pages for each instance of treatment)

Did you successfully complete the program? ☐ Yes ☐ No

(If "no", please indicate reason for failure to complete the program)

Explanation: _____

Did the court ever order treatment? ☐ Yes ☐ No

(If "yes", please provide for each order)

Court	Date

24. Have you ever returned to active drug or alcohol use after attending Alcoholics Anonymous/Narcotics Anonymous or after having received professional treatment?

☐ Yes ☐ No

(If "yes", please provide)

Details of relapse: _____

Have you ever participated in any alcohol or drug treatment programs during your present confinement? ☐ Yes ☐ No

(If "yes", please provide)

Name of Program	Dates of Participation

If possible, provide copy of certificate of completion to all programs.

25. List any other institutional programs you are currently participating in or completed during your present confinement: _____

26. Have you ever previously applied to the Governor of New Jersey for Executive Clemency?

☐ Yes ☐ No

(If "yes", please provide)

Date of Application	Type of Clemency Sought	Disposition	Date of Disposition

27. This petition is subject to a complete investigation. However, the petitioner has the right to request that the State refrain from contacting individuals such as employers or others. Do you desire any such limitation to be placed on the investigation? ☐ Yes ☐ No

(If "yes", please provide)

List of those not to be contacted: _____

If this petition is for a Pardon, attach testimonials (letters of support) addressed to the Governor from at least two (2) persons who have knowledge of your community adjustment during the past two (2) years and, if possible, who are aware of the crime(s) for which clemency is sought; or attach a statement explaining why you cannot furnish such testimonials. If this petition is for a Commutation of Sentence, testimonials are not required.

Petitioner's Signature: _____ Date: _____

Sworn and subscribed to before me this

_____ day of _____ 20 _____

at _____

in the County of _____

State of _____

(Notary Public or other authorized to take oaths)

NOTE: It is your responsibility to notify our office of any changes in your address or telephone number.



State of New Jersey
NEW JERSEY STATE PAROLE BOARD
P.O. Box 862
TRENTON, NEW JERSEY 08625
TELEPHONE NUMBER: (609) 292-4257

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

SAMUEL J. PLUMERI, JR.
Chairman

To Whom It May Concern:

I, _____ hereby authorize any law enforcement
(Applicant's name)
agency, insurance company, current or former employer(s), State and Federal income tax
bureaus, educational institution, or any other named agency to furnish the New Jersey State
Parole Board with any requested information and/or documents pertaining to myself, for the
purpose of completing a confidential community investigation which is required for processing
my application for Executive Clemency.

Applicant Signature

Date

Applicant Identification No. (SS#; SBI #; etc.)

c: Copy for File
Copy to Provider