

JAY INSLEE  
Governor



STATE OF WASHINGTON  
OFFICE OF THE GOVERNOR

P.O. Box 40002 • Olympia, Washington 98504-0002 • (360) 902-4111 • [www.governor.wa.gov](http://www.governor.wa.gov)

**PETITION FOR REPRIEVE, COMMUTATION, OR PARDON**

**TO THE GOVERNOR OF THE STATE OF WASHINGTON:**

Under the authority granted to the Governor pursuant to The Washington State Constitution, Article III, Section 9, and RCW 10.01.120, the undersigned hereby makes application for a pardon or commutation of sentence or reprieve and respectfully represents the facts as follows:

NAME OF PETITIONER:

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LAST Name	FIRST Name	MIDDLE Name
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ALIASES, if any:

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LAST Name	FIRST Name	MIDDLE Name
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LAST Name	FIRST Name	MIDDLE Name
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RESIDENCE

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Address

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City	State	Zip Code
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TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

IF INCARCERATED, IS THERE A FAMILY MEMBER or FRIEND THAT CLEMENCY BOARD STAFF CAN

CALL TO RELAY A MESSAGE? If yes, \_\_\_\_\_

Name and phone number of family member

**Specify the Action You Are Requesting of the Governor**

**You can only choose one type of relief.**

PARDON (complete relief from sentence and/or disabilities related to conviction)

COMMUTATION (reduction of sentence)

REPRIEVE (delay in imposition of sentence)

Have you previously applied for a commutation or pardon?  YES  NO  N/A, if yes, indicate the year(s) \_\_\_\_\_

If less than three years have passed since your last submission, are their new circumstances that you believe justify your petition?  YES  NO  N/A, if yes, please attach a letter outlining new circumstances.

Does this application concerns medical issues?  YES  NO  N/A

Does this application concern deportation or removal issues?  YES  NO  N/A; If there is a deportation concern, it is helpful to the Board to receive a copy of the Order of Deportation and knowledge as to most recent check in or date of future check in. \_\_\_\_\_

Country of **Citizenship**

The Board reviews and hears Petitions for pardon or commutation only in cases in which judicial remedies for the conviction have been concluded to a final decision. Please affirm if you have submitted and been denied resentencing under the most recent law changes:

**SB 5164**, Resentencing of individuals sentenced as a persistent offender due to a robbery in the second degree;  YES  NO  N/A

**RCW 36.27.130 (SB 6164)**,permits prosecutors in Washington state to ask a court to resentence defendants “if the person’s sentence no longer advances the interests of justice.”

YES  NO  N/A

**RCW** \_\_\_\_\_ if a minor at time of the crime, and requested re-sentencing hearing.

YES  NO  N/A

Have you exhausted all other applicable remedies available to you under the law, including a motion to vacate or motion to expunge or motion to seal the record?  YES  NO

Have all direct appeals been exhausted or has the time within which to appeal expired?  YES  NO

If you answered “yes” to any of the prior 5 questions, please attach all documentary evidence demonstrating your efforts and the Court’s decision.

If not, please explain why: \_\_\_\_\_

If you are incarcerated, are you under the jurisdiction of the Indeterminate Sentencing Review Board?  YES  NO

Are you on community custody for an offense that places you under the jurisdiction of the Indeterminate Sentencing Review Board?  YES  NO

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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**For each conviction(s) the Petitioner is seeking relief for please complete the following** (Use additional paper, as needed, to complete your response.)

Crime or Offense: \_\_\_\_\_

Date of the Crime: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

County and State of Conviction: \_\_\_\_\_

Case Number: \_\_\_\_\_

Sentence Imposed: \_\_\_\_\_

Was there a Protective Order as a Result of this Crime?  YES  NO, if yes, is it still active?  YES  NO

Restitution/Costs Imposed: \_\_\_\_\_

If Restitution/Costs Imposed, what amount have you paid? \_\_\_\_\_

**It is required that you submit a copy of the JUDGMENT AND SENTENCE for each conviction for which you are seeking relief from, if not provided the Petition will be deemed as incomplete.**

Were you represented by an attorney?  YES  NO, if yes, please provide NAME and WSBA# of your attorney at the time of conviction: \_\_\_\_\_

Was a weapon used in perpetration of the crime(s)?  YES  NO

If yes, what kind: \_\_\_\_\_

If the offense was committed against a person, please answer the following:

1. Was the victim known to you?  YES  NO, if yes, list the relationship \_\_\_\_\_
2. Was the victim injured?  YES  NO, if yes,  mentally  physically
3. Age of victim at time of offense: \_\_\_\_\_
4. More than one victim?  YES  NO, if yes, how many? \_\_\_\_\_
5. Was restitution ordered?  YES  NO; if yes, amount ordered: \_\_\_\_\_  
How much has been paid? \_\_\_\_\_

**Please provide the following information:**

Are you currently serving a sentence?  YES  NO, if yes, what is your ERD? \_\_\_\_\_

On probation or community custody?  YES  NO, if yes, when is your discharge date? \_\_\_\_\_

**Prior Convictions:**

Have you ever been arrested, charged, or convicted of any offense at any other time?  YES  NO  
The Board expects that all offenses to include misdemeanor, gross misdemeanor offenses, and traffic infractions to be included in answer to this question.

If yes, please provide the following information for each offense (use additional paper, as needed, to complete response for each conviction):

a. Crime or Offense: \_\_\_\_\_

b. Date of Crime or Offense: \_\_\_\_\_

c. Sentence Imposed and date: \_\_\_\_\_

d. County and state where convicted or charged: \_\_\_\_\_

**Statement of All Pending Proceedings:**

Are there any pending actions against you in any State or Federal or local court?  YES  NO, if yes, provide the nature of each such case pending against you. If you have no cases pending against you, you must so state.

Identity of Court	Case / Docket No.	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Petitioner’s Statement:**

(Use additional paper, as needed, to complete your response.)

For each conviction, fully explain the facts of the crime for which relief is being sought:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please describe the “extraordinary” circumstances that you think would justify granting your Petition for clemency:

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Please describe your rehabilitation efforts after your conviction, if any:

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Describe your prison record, if any, (include commendations, disciplinary actions, etc.):

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Are you currently, or have you at in the past been, the subject of a do not contact order, restraining order or protective order?  YES  NO

If yes, for each such order, please describe, in detail, the nature of the order and identify the parties and case in which such order was issued.

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If yes, please attach a copy of each such Order.

**This petition and materials submitted with it will become a matter of public record once received by the Clemency and Pardons Board.**

**Falsification of any portion of this application can be reason for denial.**

This petition and materials submitted with it will become property of the Office of the Governor and will not be returned to the petitioner. Please keep a copy of the petition and attachments for your personal records.

I DECLARE UNDER PENALTY OF PERJURY THAT ALL THE CONTENTS OF THE ABOVE PETITION ARE TRUE AND CORRECT. I am aware that all or information including but not limited to my work records, medical records, psychological records, my military service records, my criminal history, and my financial status that have been submitted in conjunction with this petition and any information obtained by the Washington State Clemency and Pardons Board staff pertaining to this petition may be considered public records under the Washington Public Records Act, chapter 42.56 RCW and subject to public disclosure. Only the social security number will be redacted.

Signature of Petitioner: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

