

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:		
LAST Name	FIRST Name	MIDDLE Name
ALIASES, if any:		
LAST Name	FIRST Name	MIDDLE Name
LAST Name	FIRST Name	MIDDLE Name
RESIDENCE		
Address		
City	State	Zip Code
TELEPHONE NUMBER:	E-MAIL ADDI	RESS:
IF INCARCERATED AND UNRI FRIEND THAT CLEMENCY BOA		NSEL, IS THERE A FAMILY MEMBER of
CALL TO RELAY A MESSAGE?		nber of family member
	rvaine and phone nun	noci oi family memoci

Specify the Action You Are Requesting of the Governor You can only choose one type of relief.

☐ PARDON (complete relief from conviction 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? \Box YES \Box NO \Box N/A, if yes, indicate the year(s)
If less than three (3) years have passed since your last submission, are there new circumstances that you believe justify your petition? \Box YES \Box NO \Box N/A, if yes, please attach a letter outlining new circumstances.
Does this application concern medical issues? \Box YES \Box NO \Box N/A If yes, is it a terminal medical issue? \Box YES \Box NO
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 judicia 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: Does this apply to you: YES NO N/A If yes, have you exhausted? YES NO
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." Does this apply to you: YES NO N/A If yes, have you exhausted? YES NO
RCW 10.95.030, if a minor at time of the crime, and requested re-sentencing hearing. Does this apply to you: \Box YES \Box NO \Box 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? \Box YES \Box NO
Have all direct appeals been exhausted or has the time within which to appeal expired? \Box YES \Box NO
If you answered "yes" to any of the prior five (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? \Box YES \Box NO
Are you on community custody for an offense that places you under the jurisdiction of the Indeterminate Sentencing Review Board? \Box YES \Box 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:
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? \Box YES \Box NO, if yes, is it still active? \Box YES \Box 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 and CHARGING DOCUMENTS, i.e., Probable Cause, Information, Indictment, Complaint, 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? \Box YES \Box 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)? \Box YES \Box 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? \Box YES \Box NO, if yes, \Box mentally \Box 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? \Box YES \Box 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:

Revised 01/16/2025 4

Statement of All Pending Proceedings:

re there any pending actions against you in any State or Federal or local court? \Box YES \Box NO, if es, 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		
	d." Use additional paper, as needed, to the crime for which			

Revised 01/16/2025 5

Please describe the "extraordinary" circumstances that you think would justify granting your Petition for clemency. DO NOT write "see attached."
Please describe your rehabilitation efforts after your conviction, if any. DO NOT write "see attached."
Describe your prison record, if any, (include commendations, disciplinary actions, etc.) DO NOT write "see attached."
Are you currently, or have you at in the past been, the subject of a do not contact order, restraining order or protective order? \Box YES \Box 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.

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 attachment 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 of the 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 State 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:			

Revised 01/16/2025 7

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish the Office of the Governor of Washington State with any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological records, my military service records, my criminal history, and my financial status. Information of a confidential or privileged nature may be included.

I waive any and all privacy rights I may have, and I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

A photocopy of this authorization shall be as valid as the original.

(Print name)	(Signature)	(I	Date)
Other names vou have been	n known by, including prior marria	ge or nickname)	
(Other names you have been	r known by, merading prior marria	ge of mexitation.)	
(Address)	(City)	(State)	(Zip)
(Phone)	(Date of	`Birth)	
(Prison Number)			
Pages 7 and 8	containing Petitioner	r's signatures r	nust be submitt
<u> </u>	ion is considered cor	±	` _
	and the signatures a.gov or send hard cop		id eman them
117	hington State Clemen	cv and Pardons	Roard
Was			
Was	C		_ • • • •
Was	Office of the Atto PO Box 4	rney General	20

Revised 01/30/2025