



Department of Public Safety and Correctional Services
Maryland Parole Commission

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STATE OF MARYLAND

LAWRENCE J. HOGAN, JR.
GOVERNOR

BOYD K. RUTHERFORD
LT. GOVERNOR

STEPHEN T. MOYER
SECRETARY

DAVID R. BLUMBERG
CHAIRMAN

Pardon Application Checklist

Before sending your application, make certain that you have:

- Completed each section of the application.
- Signed & notarized the Certification, Authorization, and Acknowledgement.
- Attached the following:
 1. Three (3) completed character reference letters (pages 20, 21, & 22 of the application).
 2. Copy of photo identification or your driver's license.
 3. Copy of your birth certificate.
 4. For each jurisdiction in which you held a driver's license at any time, a certified copy of your entire driving history from the Motor Vehicle Authority.
 5. For all felony and misdemeanor convictions, and all traffic convictions, which involved drugs or alcohol, a certified copy of the judgment and sentence in each case.
 6. Copy of any high school, college, training school, and/or university diploma(s).
 7. If you served in the military, a copy of your separation papers (Form DD-214).
 8. If you were convicted of an offense by court-martial, with respect to each conviction, a copy of the court-martial promulgating order.
- Copied the completed Application for Pardon and all attachments for your files.

REMINDER: The submission of any false information renders the applicant ineligible for pardon consideration.

Prior and Subsequent Criminal History

Under the Rules Governing Applications for Pardon, the applicant must satisfy the following guidelines before becoming eligible to apply for a pardon:

1. *The Applicant shall not be incarcerated.*
2. *Misdemeanants must have been crime-free from the date of sentence, released from incarceration, or released from parole or probation, whichever last occurred, for a period of five (5) years.*
3. *Except as provided in paragraph #4, felons must have been crime-free from the date of sentence, released from incarceration, or released from parole or probation, whichever last occurred for ten (10) years except, however, the Parole Commission may, at its discretion and in specific instances, consider cases in which only seven (7) years have elapsed.*
4. *Felons convicted of crimes of violence as defined in Criminal Law Article, sec. 14-101 and felons convicted of controlled dangerous substance violations must have been crime-free from the date of sentence, released from incarceration, or released from parole or probation, whichever last occurred, for twenty (20) years except, however, the Parole Commission may, at its discretion and in specific instances, consider cases in which only fifteen (15) years have elapsed.*

3. List all felony and misdemeanor convictions, and all traffic convictions, which involved drugs or alcohol (convictions in other States and/or Nations should also be included).

A CERTIFIED COPY OF THE JUDGMENT AND SENTENCE ON EACH CASE MUST BE ATTACHED TO YOUR APPLICATION. *Certified copies can be obtained from the court clerk in the county in which you were convicted.*

Date	Place and Law Enforcement Agency	Crime	Court	Sentence

4. **If you appealed any of your convictions or sentences, please provide the date of the decision(s) by the Court. Also provide citations to any published judicial opinion(s), and a copy of any unpublished opinion(s), if available.**

5. **List your institutional incarceration history, if applicable.**

Name of Institution	Date Entered	Date Released	Institutional Number

6. **List your parole and/or probation history, if applicable.**

Date Began	Date Ended	Agent's Name	Office Location	City and State

Biographical Information

11. List the names of parents, step-parents, brothers and sisters.

Name <i>(Place a check mark beside name if ever arrested)</i>	Relationship	Age	Present Address & Telephone Number	Occupation and Highest School Grade Completed

12. Current marital status: Never Married Married Divorced Widowed Separated
For each marriage, including common law, fill in the requested information:

_____ *name of spouse* _____ *date/place of birth*

_____ *full address, including zip code* _____ *telephone number, including area code*

_____ *age when married* _____ *date and place for divorce (if applicable)* _____ *number of children*

_____ *name of spouse* _____ *date/place of birth*

_____ *full address, including zip code* _____ *telephone number, including area code*

_____ *age when married* _____ *date and place for divorce (if applicable)* _____ *number of children*

13. Please identify any other individuals with whom you had children.

If you need more space, use a separate sheet of paper.

_____ *name of individual* _____ *date/place of birth*

_____ *full address, including zip code* _____ *telephone number, including area code*

_____ *age when relationship began* _____ *number of children*

_____ *name of individual* _____ *date/place of birth*

_____ *full address, including zip code* _____ *telephone number, including area code*

_____ *age when relationship began* _____ *number of children*

14. (a) List your children, including those from a previous marriage or relationship.

If you need more space, use a separate sheet of paper.

_____ *name of child* _____ *birth date*

_____ *school attending (if an adult, high school, college, and/or university attended)*

_____ *who has custody* _____ *who supports*

_____ *name of child* _____ *birth date*

_____ *school attending (if an adult, high school, college, and/or universities attended)*

_____ *who has custody* _____ *who supports*

_____ *name of child* _____ *birth date*

_____ *school attending (if an adult, high school, college, and/or universities attended)*

_____ *who has custody* _____ *who supports*

_____ *name of child* _____ *birth date*

_____ *school attending (if an adult, high school, college, and/or universities attended)*

_____ *who has custody* _____ *who supports*

- (b) **If you have minor children, but do not have custody of one or more of them, indicate whether and to whom you pay child support, whether your payments are current, and, if not, the reason for your failure to pay and any agreement you have made to satisfy your payment obligation. If you need more space, use a separate sheet a paper.**

15. **List the complete address of all schools you have attended, beginning with the most recent and working backward. Indicate the type of degree, certificate, or diploma received or anticipated, and give the name of an instructor, counselor, or other school official who knows you well, if applicable. If you need more space, use the education history supplement form included in this packet.**

A COPY OF ANY HIGH SCHOOL, COLLEGE, TRAINING SCHOOL, AND/OR UNIVERSITY DIPLOMA(S) OR CERTIFICATE(S) MUST BE ATTACHED TO YOUR APPLICATION.

<i>School</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
<i>Number and Street</i>	<i>Degree/Highest grade attended</i>	<i>Month/year awarded</i>
<i>Name of school official</i>	<i>Telephone number of school official</i>	

<i>School</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
<i>Number and Street</i>	<i>Degree/ Highest grade attended</i>	<i>Month/year awarded</i>
<i>Name of school official</i>	<i>Telephone number of school official</i>	

<i>School</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
<i>Number and Street</i>	<i>Degree/ Highest grade attended</i>	<i>Month/year awarded</i>
<i>Name of school official</i>	<i>Telephone number of school official</i>	

Residences

16. (a) Current Residence.

<i>Type of dwelling (i.e., Single family, duplex, etc.)</i>	<i>Rent/Own</i>	<i>Monthly payment/rent</i>
<i>Number of rooms occupied</i>	<i>Number of persons living with the applicant</i>	

(b) Provide the full address of every place you have lived over the last ten (10) years, beginning with the present and working backward. All time periods must be accounted for. List the physical location of your residence; do not use a post office box as an address. If you lived in an apartment complex, list your apartment number. If you need more space, use the residences supplement sheet included in this packet.

Address	City	State	Dates (From/To)

Military Record

17. (a) Are you presently serving or have you ever served in the armed forces of the United States? yes no

Dates of service: _____ **Branch(es):** _____

Serial number: _____ **Type of discharge:** _____

Decorations (if any) _____

(b) If you were other than honorably discharged, describe in detail the factual circumstances surrounding your discharge. Attach a copy of your separation papers (Form DD-214). If you are currently serving, please state your current rank and indicate whether you are on active duty.

- (c) **While serving in the armed forces, have you or did you receive non-judicial punishment, or were you the defendant in any court martial?** yes no
If yes, state fully the nature of the charge, the relevant facts, the disposition of the proceedings, the date thereof, and the name and address of the authority in possession of the records thereof. If you were convicted of an offense by court-martial, with respect to each conviction, provide a copy of the court-martial promulgating order.

Firearms History

18. (a) **Have you ever owned, possessed, carried, or otherwise used a firearm?** yes no

- (b) **If yes, please describe your experience(s) with firearms.**
Your description should not only include previous criminal offenses, if applicable, but also firearms usage for personal, recreational, and professional reasons. Please also indicate the type(s) of firearm(s) used. If you need more space, use a separate sheet of paper.

19. (a) **Are you requesting relief from federal firearms restrictions?** yes no

- (b) **If so, please explain why.**

Employment History

20. List all periods of employment and unemployment for the past seven (7) years, beginning with the present and working backward. *All time periods must be accounted for.* List all full and part-time work, self-employment, and any periods of unemployment. For any period of unemployment, indicate your means of support. If you need more space, please utilize the employment history supplement sheets included in this packet.

<i>Present employer</i>		<i>Telephone (include area code)</i>	
<i>Date applicant began this employment (month/year):</i>	<i>Number and Street</i>		
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Type of business</i>	<i>Position</i>	<i>Supervisor</i>	<i>Supervisor's telephone number</i>

<i>Employer</i>		<i>Telephone (include area code)</i>	
<i>Start date:</i>	<i>Number and Street</i>		
<i>End date:</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Type of business</i>	<i>Position</i>	<i>Supervisor</i>	<i>Supervisor's telephone number</i>
<i>Reason for leaving employer:</i>			

<i>Employer</i>		<i>Telephone (include area code)</i>	
<i>Start date:</i>	<i>Number and Street</i>		
<i>End date:</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Type of business</i>	<i>Position</i>	<i>Supervisor</i>	<i>Supervisor's telephone number</i>
<i>Reason for leaving employer:</i>			

- (a) **Have you been fired or left a job following allegations of misconduct or unsatisfactory job performance?** yes no

- (b) **Have you ever failed to list your conviction(s) or any other arrest(s) on any employment or other application where such information was requested?** yes no

If you answered yes to either of the (a) or (b), please provide the employer's name, address, telephone number, and explain fully below. If you need more space, use a separate sheet of paper.

Substance Abuse Information

21. (a) **Have you ever used any illegal drug?** yes no
If yes, identify the drugs used, the approximate dates of drug use, and the frequency of such use.

- (b) **Have you ever abused alcohol or prescription drugs?** yes no
If yes, identify the drugs used or alcohol consumed, the approximate dates of the drug or alcohol abuse, and the frequency of such use.

- (c) **Have you ever been involved in the illegal manufacture, sale or distribution of drugs, other than the offense(s) for which you seek a pardon?** yes no
If yes, provide complete details and dates of your involvement.

- (d) **Do you currently use alcoholic beverages?** yes no

Are you a heavy moderate or light drinker?

Describe your use of alcoholic beverages by amount per day, week, or month:

- (e) **Have you ever sought or participated in counseling, treatment, or a rehabilitation program for drug use or alcohol abuse?** yes no
If yes, specify the dates of treatment or counseling, and provide the full name, address, and telephone number of the treatment facility and of the doctor, counselor, or other treatment provider.

Health Information

22. (a) **Describe your present health:** excellent good fair poor

- (b) **Describe any physical problems:**

- (c) **Are you under a doctor's care?** yes no
If yes, specify what for and the full name, address, and telephone number of the doctor.

- (d) **Have you ever consulted with a mental health professional (psychiatrist, psychologist, or counselor), or with another health care provider, concerning a mental health-related condition?** yes no
If yes, specify the nature of the condition, the dates of treatment, the type of treatment, and the full name, address, and telephone number of the counselor or treatment provider.

- (e) **Are you presently prescribed psychotropic medication?** yes no
If yes, specify the prescribed medication and the frequency of use.

Civil and Financial Information

23. (a) Are you currently in default or delinquent in any way in the payment or discharge of any debt or financial obligation imposed upon you? yes no
If yes, state the amount of the debt, the full name, address, and telephone number of the creditor, the reason for the failure to pay, and the terms of any agreement you have made to satisfy the obligation.

(b) Have any liens (including federal or state tax liens) been filed against you? yes no
If yes, state the amount of the lien, the full name, address, and telephone number of the lien holder, the reason the lien was imposed, the current status of the lien, and the terms of any agreement you have made to satisfy the obligation.

(c) Have you ever filed for the discharge of your debts in bankruptcy? yes no
If yes, state the court in which the petition was filed, the case number, the amount of debt sought to be discharged, the final disposition of the action, and the date of disposition.

(d) Specify your current assets and liabilities.

Assets: <i>(Real Estate owned, Insurance, Amount and Premiums, Pensions, Stocks, Bonds, Rentals and Personal Income)</i>	Liabilities: <i>(Mortgage, Rent, Utilities, Credit Card accounts, fines, child support, restitution)</i>

(e) **Have you ever been named as a party in a civil suit?** yes no
If yes, state the full name, address and telephone number of any other party to the lawsuit, the court in which it was filed, the case number, the nature of the dispute, and the final disposition, including the terms of any settlement agreement.

(f) **Do you have pending any judicial or administrative proceedings with federal, state or local governments?** yes no
If yes, state the full name, address and telephone number of the relevant authority involved, the jurisdiction in which the proceeding is pending, the case number, the nature of the dispute, and the current status of the matter.

Interests and Leisure Activities

24. (a) **What do you do with your spare time when not employed?**

(b) **Describe any charitable or civic activities in which you have been engaged, or other contributions you have made to the community.** *You may include the names of any organizations in which you have participated, the time periods of your participation, your role in these activities, and the name, address, and telephone number of a person associated with each organization who is familiar with your involvement.*

Character References

- 25. (a) Please identify three character references.**
Character references should not be related, partnered, or married to the applicant.

_____ *name of individual* _____ *date/place of birth*

_____ *full address, including zip code* _____ *telephone number, including area code*

_____ *name of individual* _____ *date/place of birth*

_____ *full address, including zip code* _____ *telephone number, including area code*

_____ *name of individual* _____ *date/place of birth*

_____ *full address, including zip code* _____ *telephone number, including area code*

- (b) Each character reference must complete the attached reference letter questionnaire. You must submit these questionnaires together with your Application for Pardon.**

Applicant's Statement

- 26. In allotted space only, state why you believe you merit a pardon.**

Certification, Authorization, and Acknowledgement

PLEASE READ CAREFULLY.

I hereby certify that all answers to the above questions and all statements contained herein are true and correct to the best of my knowledge, information, and belief. I understand that any intentional misstatements of material facts contained in this application will cause adverse action on my application for pardon, in addition to subjecting me to any other penalties provided by law.

I acknowledge that the Governor's Office of Legal Counsel and the Department of Public Safety and Correctional Services or its designated agent will investigate this application. I agree to make myself available upon request for the purposes of the investigation. I authorize any investigator, special agent, or other duly accredited representative of the Governor's Office of Legal Counsel and the Department of Public Safety and Correctional Services to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, courts, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history, arrest, conviction, including the pre-sentence investigation report, if any, medical, psychiatric/psychological, health care, and financial and credit information.

I hereby release and exonerate every employer, school official, and every other person, firm, officer, corporation, association, organization or institution which shall comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or in anywise pertaining to the furnishing or inspection of such documents, records and other information or the investigation made by the Governor's Office of Legal Counsel and the Department of Public Safety and Correctional Services or their authorized designated agents.

I understand that, for financial or lending institutions and certain other sources of information, a separate specific release may be needed (pursuant to their request or as may be required by law), and I may be contacted for such release at a later date.

I further authorize the Governor's Office of Legal Counsel and Department of Public Safety and Correctional Services to request criminal record information about me from criminal justice agencies from the purpose of determining my suitability for a government benefit.

I authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of the Governor's Office of Legal Counsel and the Department of Public Safety and Correctional Services authorized above regardless of any previous agreement to the contrary. I understand that the information released by records custodians and sources of information is for official use by the State of Maryland only for the purposes of processing my application for a government benefit, and may be redisclosed by the Government only as authorized by law.

I understand that the disclosure of my social security number is voluntary and the failure to disclose my social security number does not prejudice my case. I understand that a pardon will not remove convictions from my record.

I understand that if a pardon is to be considered by the Governor, my request for a pardon will be advertised before or on the date the decision will be given in one or more newspapers pursuant to Article II, Section 20 of the Constitution of Maryland. I understand that if I am granted a pardon, the announcement of my pardon may be provided in the form of a press release, which is published on the

Governor's official web site (www.gov.state.md.us). This means that when your name is searched on the internet the press release announcing your pardon may appear as a search result. I also understand that if I am denied a pardon, the letter denying my application is also a public document and may be accessed by the press and the general public.

Respectfully submitted this ____ day of _____, _____.
(month) (year)

(signature of applicant)

Subscribed and sworn/affirmed before me this ____ day of _____, _____.
(month) (year)

Notary Public

(SEAL)

My commission expires: _____

The information requested for this application is necessary to provide a complete picture of your character and stability. **All requested items must be included or accounted for your application to be investigated. PLEASE ALSO INCLUDE (1) A COPY OF PHOTO IDENTIFICATION AND/OR YOUR DRIVER'S LICENSE AND (2) A COPY OF YOUR BIRTH CERTIFICATE.** You may also submit additional letters of reference or other documents, which you believe, may help your application. **You may want to obtain more than one copy of any document you submit in case your application is denied and you want to reapply.**

Reference Letter #1

Reference Name

Street Address

City, State and Zip Code

Telephone

1. How long have you known the applicant? _____ Years

2. In what capacity or under what circumstances have you known the applicant? Describe any opportunities you have had to observe the applicant (for example, as a coworker, employer, or neighbor).

3. Please provide information you know about the applicant's involvement in the offense(s) for which pardon consideration is requested.

4. Has the applicant to your knowledge been involved in any incident since the offense(s) for which pardon consideration is requested which might reflect unfavorably on his or her character? If so, please describe the incident(s).

4. Do you recommend the applicant for a pardon? **yes** **no**. Please explain in some detail the reason for your answer.

Signature of Reference

Date

Reference Letter #2

Reference Name

Street Address

City, State and Zip Code

Telephone

1. How long have you known the applicant? _____ Years
2. In what capacity or under what circumstances have you known the applicant? Describe any opportunities you have had to observe the applicant (for example, as a coworker, employer, or neighbor).
3. Please provide information you know about the applicant's involvement in the offense(s) for which pardon consideration is requested.
4. Has the applicant to your knowledge been involved in any incident since the offense(s) for which pardon consideration is requested which might reflect unfavorably on his or her character? If so, please describe the incident(s).
4. Do you recommend the applicant for a pardon? **yes** **no**. Please explain in some detail the reason for your answer.

Signature of Reference

Date

Reference Letter #3

Reference Name

Street Address

City, State and Zip Code

Telephone

1. How long have you known the applicant? _____ Years

2. In what capacity or under what circumstances have you known the applicant? Describe any opportunities you have had to observe the applicant (for example, as a coworker, employer, or neighbor).

3. Please provide information you know about the applicant's involvement in the offense(s) for which pardon consideration is requested.

4. Has the applicant to your knowledge been involved in any incident since the offense(s) for which pardon consideration is requested which might reflect unfavorably on his or her character? If so, please describe the incident(s).

4. Do you recommend the applicant for a pardon? **yes** **no**. Please explain in some detail the reason for your answer.

Signature of Reference

Date

Employment History Supplement Sheet #1

<i>Present employer</i>		<i>Telephone (include area code)</i>	
<i>Date applicant began this employment (month/year):</i>	<i>Number and Street</i>		
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Type of business</i>	<i>Position</i>	<i>Supervisor</i>	<i>Supervisor's telephone number</i>

<i>Employer</i>		<i>Telephone (include area code)</i>	
<i>Start date:</i>	<i>Number and Street</i>		
<i>End date:</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Type of business</i>	<i>Position</i>	<i>Supervisor</i>	<i>Supervisor's telephone number</i>
<i>Reason for leaving employer:</i>			

<i>Employer</i>		<i>Telephone (include area code)</i>	
<i>Start date:</i>	<i>Number and Street</i>		
<i>End date:</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Type of business</i>	<i>Position</i>	<i>Supervisor</i>	<i>Supervisor's telephone number</i>
<i>Reason for leaving employer:</i>			

<i>Employer</i>		<i>Telephone (include area code)</i>	
<i>Start date:</i>	<i>Number and Street</i>		
<i>End date:</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Type of business</i>	<i>Position</i>	<i>Supervisor</i>	<i>Supervisor's telephone number</i>
<i>Reason for leaving employer:</i>			

Employment History Supplement Sheet #2

<i>Present employer</i>		<i>Telephone (include area code)</i>	
<i>Date applicant began this employment (month/year):</i>	<i>Number and Street</i>		
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Type of business</i>	<i>Position</i>	<i>Supervisor</i>	<i>Supervisor's telephone number</i>

<i>Employer</i>		<i>Telephone (include area code)</i>	
<i>Start date:</i>	<i>Number and Street</i>		
<i>End date:</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Type of business</i>	<i>Position</i>	<i>Supervisor</i>	<i>Supervisor's telephone number</i>
<i>Reason for leaving employer:</i>			

<i>Employer</i>		<i>Telephone (include area code)</i>	
<i>Start date:</i>	<i>Number and Street</i>		
<i>End date:</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Type of business</i>	<i>Position</i>	<i>Supervisor</i>	<i>Supervisor's telephone number</i>
<i>Reason for leaving employer:</i>			

<i>Employer</i>		<i>Telephone (include area code)</i>	
<i>Start date:</i>	<i>Number and Street</i>		
<i>End date:</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Type of business</i>	<i>Position</i>	<i>Supervisor</i>	<i>Supervisor's telephone number</i>
<i>Reason for leaving employer:</i>			

Education History Supplement Sheet

A COPY OF ANY HIGH SCHOOL, COLLEGE, TRAINING SCHOOL, AND/OR UNIVERSITY DIPLOMA(S) OR CERTIFICATE(S) MUST BE ATTACHED TO YOUR APPLICATION.

<i>School</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
<i>Number and Street</i>	<i>Degree/Highest grade attended</i>	<i>Month/year awarded</i>
<i>Name of school official</i>		<i>Telephone number of school official</i>

<i>School</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
<i>Number and Street</i>	<i>Degree/ Highest grade attended</i>	<i>Month/year awarded</i>
<i>Name of school official</i>		<i>Telephone number of school official</i>

<i>School</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
<i>Number and Street</i>	<i>Degree/ Highest grade attended</i>	<i>Month/year awarded</i>
<i>Name of school official</i>		<i>Telephone number of school official</i>

<i>School</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
<i>Number and Street</i>	<i>Degree/ Highest grade attended</i>	<i>Month/year awarded</i>
<i>Name of school official</i>		<i>Telephone number of school official</i>

<i>School</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
<i>Number and Street</i>	<i>Degree/ Highest grade attended</i>	<i>Month/year awarded</i>
<i>Name of school official</i>		<i>Telephone number of school official</i>

Residences Supplement Sheet

Address	City	State	Dates (From/To)