

Governor Gavin Newsom · State Capitol · Sacramento, California 95814

## **APPLICATION FOR A COMMUTATION OF SENTENCE**

Complete this application to request a commutation of sentence (a reduction of sentence/punishment) from the Governor. If you have submitted a commutation application in the last three years, please complete the re-application form. The Governor's Office and/or the Board of Parole Hearings may contact you for additional information relating to this application. If the Governor grants you a commutation, some information from your application will appear in an annual public report about clemency the Governor is required to submit to the California Legislature. Learn more about commutation application at www.gov.ca.gov/clemency or mail a request for information to: Office of the Governor, State Capitol, Attn: Legal Affairs/Clemency, Sacramento, CA 95814.

## APPLICANT INFORMATION (Attach additional pages as necessary.)

Name (Last/First/Middle): Ro	driguez, Shawn Michael	Date of Birth:	August 30, 1983 (8-30-83)
CDCR Number: <u>V16387</u>	Social Sec	urity Number: <u>548-77-6360</u>	
Name of Facility/Prison: <u>Cali</u>	frnia Mens Colony East Fac	ility/Prison Address <u>P.O. Box 8101</u> ,	<u>San Luis Obispo, CA 93409</u>
1. Conviction Summary (No	te: The Governor's Office will review	v a complete copy of your criminal his	tory report.)
	List conviction(s) for which you are	requesting a commutation of senten	ce.
Crime(s): Conspiracy to Commit Mur	Date(s) of conviction: der 10-06-2003	County of conviction(s): Placer	Sentence(s): 25-Life
Aggravated Kidnap for Ex	tortion 10-06-2003	Placer	7-Life
ere you under 26 years of age	e at the time of the crime(s) for whi	ch you are seeking a commutation of	sentence?
List a	Il prior conviction(s) in California, a	ny other state or country, or in federa	al court.
Crime(s):	Date(s) of conviction:	Location of conviction(s):	Sentence(s):
Arson of Property	10-26-98	Sacramento	Juvenile Hall
Auto Theft	02-28-00	Sacramento	40 months CYA
Auto Theft	10-16-02	Sacramento	180days jail, 5yr pr

2. Describe the circumstances of your crime(s).

Ejected from State system homeless and orphaned, and having lived in crminal atmospheres my whole life, I felt Ck Robbing a Sex Offenender of his Money and Car; at least 19 year old criminal me did. I was desperate and felt entitled. It spiraled quickly and I did not know what to do. Please see attached Powerpoint for more.

3. Describe how a commutation of sentence may impact your life.

Firstly, I can stop costing taxpayers over \$100k a year to house, and can pay taxes instead. Also, Im only 40, and this would mean I can begin a career with enough time to retire at a reasonable age and own a home to be elderly in, instead of homeless or dependent. Plus, My stepdaughter is 7, I can get home in time to be there present in her childhood, and have good times with my wife and experience a family for the first time.

4. Describe your life since your conviction (e.g., efforts in self-development, including identifying and addressing treatment needs, professional and educational achievement; any set-backs, conduct violations, or new convictions; insight about past conduct; and future goals).

I came to prison lost and angry, hopeless, and made my life worse. In 2012, I attempted suicide. I entered the Mental Healthcare System and spent several years recovering and learning about myself and my issues. In 2021, I was told I was in Full remission of my prior Antisocial Personality Disorder. I have done alot of work and acquired employable skills, please see attached slide deck for more. I want to go home to my family and work.

5. If you have paid any money or given any gift to anyone to assist you in preparing this application, you are required by law to list their name, address, phone number, email address, the nature of your relationship, and amount paid or gift given.

I have not. My support system has assisted me because they love me for who I am and they want me free and home.

## **APPLICANT DECLARATION**

Complete the following statement after you have served your Notice of Intent

I, Shawn Michael Rodriguez (Print Applicant Full Name)	, declare under penalty of perjury under the laws of the State of
California that the information I have provided on this applicati	ion is true and correct. I further declare that I have served (mailed or
delivered) my notice of intent to apply for clemency on the Disti	rict Attorney of the County of Placer (Name of County or Counties)
	February 1, 2024
Applicant Signature	Date

Submit this completed 2-page form to the Office of the Governor, State Capitol, Attn: Legal Affairs/Clemency, Sacramento, CA 95814. You may, but are not required to, include copies of relevant documents that support your application (e.g., certificates of achievement, photographs, letters of support, etc.). Do not send original documents, as application documents cannot be returned. Please update the Governor's Office promptly if your contact information changes. Submit a completed Notice of Intent to Apply for Clemency to the district attorney in the county of your convictions for which you are seeking a commutation of sentence.