Pardon Process Instructions

1. Determine if you are eligible for a pardon.
2. Read the Frequently Asked Questions section of the BOPP website
3. Follow the instructions in the 'Documents Needed to Complete the Pardon Application' found on the BOPP website
4. Complete the pardons application.
    - The Background Investigation Authorization form (see page 10 of the 'Application for a Connecticut Full or Provisional Pardon') must be signed and notarized by a Notary Public.
    - A minimum of three (3) reference questionnaire forms must be completed by the person making a character reference for you. Only one reference may come from a family member who is related to you by blood or marriage. References can attach a sheet to the questionnaire form as long as they indicate that they understand that you are applying for a pardon and they list all of the crimes for which you have been convicted.
    - If you are currently on probation and only applying for a provisional pardon, a Supervising Officer Questionnaire must be completed (by the Office of Adult Probation) and attached.
    - Attach a photocopy of your current driver's license or state identification card. Notify the Pardons Board of any address or telephone number changes immediately.
    - Attach any other documentation you wish to include for the Pardons Board to consider (Ex: certificates, resumes, evaluations, etc.). Attach proof of either employment or your source(s) of income (E.g. unemployment, disability payments, most recent W-2 form, letter/s from source of financial support, etc.)

Send the original documents to:
Board of Pardons and Paroles
Attn: Pardons Unit
55 West Main Street, Suite 520
Waterbury, CT 06702

Please Note: Applications are processed continuously on a first-come, first-served basis. Due to the high volume of applications, applications will not be accepted in person. Make and keep a copy of the application and all documents for your personal records. Applications and supporting documentation will not be returned to you. If you would like to confirm that your application has been received, use Certified Mail, Return Receipt Requested. The Pardons Board is not responsible for applications that are lost.

STATE OF CONNECTICUT

BOARD OF PARDONS & PAROLES
55 West Main Street - Waterbury, CT 06702

APPLICATION FOR A CONNECTICUT FULL or PROVISIONAL PARDON

Please type or print legibly in ink the answers to the following questions. Each question **must** be answered fully, truthfully, and accurately. **Any omission or falsification will constitute grounds for denial or revocation.**

SECTION 1: Applicant Information:			
Last Name	First Name	Middle Name	
☐ **Provisional Pardon Consideration**: Check this box if you are **only** eligible for a provisional pardon Any applicant, who is eligible for a Full Pardon, will automatically be considered for a Provisional Pardon. For more information about Provisional Pardons, please see **'Instructions for Completing a Full or Provisional Pardon Application'** and the **'Frequently Asked Questions'** link on the Board's website.			
Date of Birth:	SSN:	Place of Birth:	Gender:
ADDRESS (Number and Street):			Apt Number/ Floor/ Suite
CITY:		STATE:	Zip Code:
HOME PHONE NUMBER: ( ) -	BUSINESS PHONE NUMBER: ( ) -		EXTENSION:
CELLULAR PHONE NUMBER: ( ) -	E-MAIL ADDRESS:		
Do you have a driver's license: ☐ Yes ☐ No	If yes, issuing state:		
	License Number:		

SECTION 2: Family Information		
Please list all members of your household below:		
Name:	Age:	Relationship:
1.		
2.		
3.		
4.		
How long have you lived at your current address?		

Applicant Last Name: _____
Applicant Date of Birth: _____

Current Marital Status:	☐ Single ☐ Married	☐ Divorced ☐ Separated	☐ Widow ☐ Widower	☐ Civil Union

Current Spouse / Partner's Name	Current Address (if different from your current address)	Current Phone Number

How many children do you have?

Are you current with all court ordered child support (if applicable)? ☐ Yes ☐ No
☐ Not applicable

If you answered no, what is the reason for your failure to pay? Describe any agreement you have made to satisfy your payment obligation:

SECTION 3: Other Names

State every other name by which you have been known, including the reason for your use of another name, and the dates during which you used the name(s) (i.e. include your maiden name, former married name, aliases, and nicknames):

1.
2.
3.

SECTION 4: Previous Application History

Have you applied for pardon in the past? ☐ Yes ☐ No

If yes, please state the month(s) and year(s) you applied:

Was a pardon granted? ☐ Yes ☐ No	If yes, type of Pardon granted:

The reason(s) for denial and date the Board suggested you reapply:

SECTION 5: Citizenship Information:

Are you a citizen of the United States of America? ☐ Yes ☐ No

If no, what is your country of citizenship?

SECTION 6: Pistol Permit Restoration:

Are you requesting a pardon in order to restore your right to obtain a pistol permit? ☐ Yes ☐ No

If yes, please explain why you are seeking a permit to carry a handgun:

SECTION 7: Educational Background:

Check the highest grade completed:											
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10	☐ 11	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16	☐ 17	☐ 18	☐ 19	☐ 20	☐ 21	☐ 22	☐ 23	☐ 24+

List any educational or other special training you have received or are currently attending. Include the school name, dates attended, degrees received, and any honors achieved. If you attended training, note the type of training and agency that provided the training. **You should attach a copy of any certificates, diplomas or transcripts received to the application.**

SECTION 8: Military Record:

Were you ever in any branch of the U.S. Armed Forces? ☐ Yes ☐ No

If you answered yes, please answer the following:

Branch of service:	Date of entry:	Date of Discharge:
Did you serve in the National Guard? ☐ Yes ☐ No	Type of Discharge:	Rank at Discharge:

Attach a copy of your separation papers (Form DD-214) or your military ID (DD Form 2) if you are currently on active duty.

SECTION 9: CRIMINAL HISTORY

Have you ever been incarcerated in Connecticut? ☐ **Yes** ☐ **No**	Inmate Number (if known):

Do you currently have any pending criminal charges, either federal or state? ☐ **Yes** ☐ **No** *If yes, list the pending criminal charges, the arresting agency, and the court in which the case is pending. If you need more space, attach an additional page.*

SECTION 9: CRIMINAL HISTORY

All convictions for which you are seeking a pardon must be listed. Any willful omission will be considered falsification and grounds for denial of your application. You should rely on your memory *in addition* to the official criminal record that was obtained from the State Police. If needed, check with these agencies for additional records (Probation, convicting Courts, local Police departments and DMV). If you are uncertain about any convictions, write a statement explaining that you cannot remember the exact dates and charges or the circumstances. This statement may prevent your application from being denied for falsification.

Applicant Last Name: _____

Applicant Date of Birth: _____

Start with your most recent conviction and work backwards until all convictions are listed. Attach additional sheets if necessary.

Starting with the most recent conviction and in your own words, provide a complete and detailed account of each conviction. Explain <u>when, how and why</u> each offense was committed, include the date and location of the incident. Explain any violations of probation or parole associated with the conviction, if applicable.

Conviction #1 (most recent conviction)

Docket number:	Disposition Date:	Sentence:
Crime(s) Convicted of on this docket:		

Conviction #2

Docket number:	Disposition Date:	Sentence:
Crime(s) Convicted of on this docket:		

Conviction #3

Docket number:	Disposition Date:	Sentence:
Crime(s) Convicted of on this docket:		

☐ Check this box if you have more than 3 criminal convictions. Attach additional sheets using the same format as above.

Please list the name(s) and approximate age of any victim(s) of your crime(s) and phone number or address if known: DO NOT attempt to contact any known victim/s. *If there was not a victim associated with your crime(s) or you do not know the identity of your victim, your application will still be considered.*

Have you ever been convicted of a crime in any other state or federal jurisdiction? ☐ **Yes** ☐ **No** If yes, list the state or federal conviction, the date of the conviction, the crime for which you were convicted , and describe the incident/s.	
How long have you remained crime free?	

SECTION 10: Employment History

List your last three (3) employers. Start with your present employer and work backwards. For each period you were unemployed, give the dates and reason. **Attach a current pay stub or W-2 form to verify your present employment.**

Official job title (start with current or most recent job)		Company Name		Type of business
Title and name of immediate supervisor		Dept. where assigned		Business phone number ( ) -
Employed from (mo.) (yr.)	To: (mo.) (yr.)	Total (years. mos.)	Hours worked per week	May we contact this employer? ☐ Yes ☐ No
Business address			Reason for leaving	

- **Reason for gap in employment (if any):**

Official job title		Company name		Type of business
Title and name of immediate supervisor		Dept. where assigned		Business phone number ( ) -
Employed From (mo.) (yr.)	To: (mo.) (yr.)	Total (years. mos.)	Hours worked per week	May we contact this employer? ☐ Yes ☐ No
Business' full address			Reason for Leaving	

- **Reason for gap in employment (if any):**

Official job title		Company name		Type of business
Title and name of immediate supervisor		Dept. where assigned		Business phone number ( ) -
Employed From (mo.) (yr.)	To: (mo.) (yr.)	Total (years. mos.)	Hours worked per week	May we contact this employer? ☐ Yes ☐ No
Business full address			Reason for leaving	

Applicant Last Name: _____
Applicant Date of Birth: _____

Employment Desired:
If you are applying for a provisional pardon or requesting a full pardon for employment purposes, what type of employment are you seeking?

SECTION 11: Substance Abuse and Treatment Information:

Have you ever been addicted to or abused alcohol, or any other type of drug? ☐ **Yes** ☐ **No**
If yes, describe the type of alcohol/drug abuse and dates of the addiction or abuse:

Have you ever sought or participated in counseling, treatment, or a rehabilitation program for alcohol or other drug abuse (i.e. AA, NA, 12 Step Programs, etc.)? ☐ **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. Indicate whether you completed the treatment program and the description of help received Attach any certificates or proof of participation to the end of this package.

Are there any other types of treatment in which you have participated? ☐ **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. Indicate whether you completed the program and whether you believe you benefitted from the treatment received. Attach any certificates or proof of participation.

SECTION 12: Volunteer, Charitable and Community Activities

Describe any charitable, volunteer, church or civic activities in which you have been engaged or any other contributions you have made to the community since your conviction. List 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. Attach additional sheet(s) if necessary.

SECTION 13: Purpose of Application

State your reason(s) for seeking a pardon:

In your own words, how have you changed since your criminal activity? You may also use this section to inform the Pardons Board about anything else that you would like considered as part of your application. Attach additional sheet(s) if necessary.

Applicant Last Name: _____

Applicant Date of Birth: _____

SECTION 13 Cont

Has anyone assisted you in completing this pardon application? ☐ Yes ☐ No		
If yes, complete the following information about the person / group:		
Name / Group	Address	Phone Number
If the person who assisted you is an attorney, will they represent you if a hearing is granted? ☐ Yes ☐ No		
NOTE: If the person who assisted you is an attorney and he/she will represent you throughout the application process, the Pardons Board will send correspondence only to the attorney.		

Background Investigation Authorization:

This is to certify that I have applied for a pardon with the Connecticut Board of Pardons and Paroles and have completed this application fully, truthfully, and accurately. I acknowledge that an investigation will be conducted.

In consideration for the processing of my application, I, _____, formerly known as _____, do hereby agree to the following:

WAIVER OF LIABILITY AND INFORMATION TO BE RELEASED:
Having made application to the Connecticut Board of Pardons and Paroles for a pardon, I would like a panel of the Pardons Board to consider it an accurate reflection of my criminal history, record and character, I authorize the release of any and all information, verbal and/or written, which includes but is not limited to, information related to current or previous employment, personnel records, criminal records, educational records, any investigative records, credit records, tax or bank records, correctional records, sealed records, confidential records or information previously agreed to be withheld, opinions of my character or conduct, and any and all information that a person or entity may have concerning me, and I agree to hold all entities and persons from any liability arising out of the furnishing of said information. I understand that I may be required to complete an additional authorization form allowing the Board to obtain any relevant medical records or mental health records.

INFORMATION TO BE RELEASED FROM:
Any person or entity who may have knowledge of the above named individual, including but not limited to friends, family members, neighbors, acquaintances, co-workers, businesses, previous or current employers, any law enforcement or correctional facility or agency, any credit reporting bureau, any educational facility or institution, any financial institution, or any other person or entity deemed relevant by the Pardons Board or officer conducting the background investigation incident to my application for a pardon, may furnish said information.

INFORMATION TO BE RELEASED TO:
The Connecticut Board of Pardons and Paroles or its designated agent.

PURPOSE OF RELEASE:
I, the above named applicant, have requested a pardon from the Connecticut Board of Pardons and Paroles. The members of the pardons panel may consider a wide range of factors including my character, conduct, criminal record, mental or medical health status and any other significant history about me incident to my application for a pardon**. I understand that my authorization under this Waiver and Liability Release is voluntary and that I may refuse to sign this document**. I understand that I am not entitled to receive or examine, review or otherwise discover the contents of the information gathered or disclosed in the course of the investigation incident to my application for pardon. I understand that if I refuse to sign this authorization document, my application for pardon will not be considered. I understand that information gathered may become public record if the subject application is brought for consideration at a meeting before the Pardons Board. I understand that I may revoke this authorization under this Waiver and Liability Release at any time by notifying the Pardons Board in writing at 55 West Main St, Waterbury, CT 06702, except to the extent that action has taken place in reliance on this authorization document. I understand that any such revocation of authorization will result in the termination of any pardons investigation or termination of further consideration for a pardon.

NEW INFORMATION:
I certify that I have not been convicted of any other crimes in the State of Connecticut or in any other state or federal jurisdiction in addition to those offenses listed on the attached petition for a pardon. I affirm that I do not have any pending criminal actions in the State of Connecticut or in any other state or federal jurisdiction. I affirm that any police reports or official information that I have forwarded to the Pardons Board have not been altered or have any pages omitted**. I will notify the Pardons Board, in writing, of the existence of any additional criminal matters that are pending against me or of any new arrests, from the time that this affidavit is executed, to the date that a pardon certificate may be issued by the Board.**

This waiver shall apply to any right of action of any nature whatsoever, which may accrue to me, my heirs, or my personal representative(s). Copies of this authorization, with my signature, are deemed to be as valid as the original release, signed by me. This authorization is valid for three (3) years from the date signed.

Dated this _____ day of _____, 20___

_____
Applicant's Signature

Subscribed and Sworn before me this _____ day of _____, 20___

_____
Signature of Notary or Commissioner of Superior Court
My Commission Expires on: _____ (Notary Seal)

Applicant Last Name: _____
Applicant Date of Birth: _____

STATISTICAL and RESEARCH INFORMATION SHEET

This section is optional and will be used for research and statistical purposes only.
NOTE: This section will not be given to any Board members.

Contact Information:
Full Name:
Phone Number:
Address:
Email Address:

RACE / ETHNIC DATA
☐ BLACK (not of Hispanic Origin): Persons having origins in any of the black racial groups of Africa. ☐ HISPANIC: Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race. ☐ WHITE (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. ☐ AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. ☐ ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa. ☐ OTHER: (Please Specify) -

Future Studies:
May we contact you in the future for data collection purposes? ☐ Yes ☐ No

Applicant Last Name: _____
Applicant Date of Birth: _____

STATE OF CONNECTICUT

BOARD OF PARDONS AND PAROLES

55 West Main Street - Waterbury, CT 06702

Pardon Reference Questionnaire

The following three pages are reference questionnaire forms.

Have at least three people who are familiar with your character completely fill out the questionnaires and return it to you. *Only one reference may come from a family member who is related by blood or marriage*. References can attach a letter to the questionnaire form as long as they indicate that they understand that you are applying for a pardon and they list all of the crimes for which you have been convicted.

<u>NOTE</u>: *All* of the crimes for which you are seeking a pardon must be listed on *all* of the submitted reference questionnaire forms or letters. If you fail to do this, the reference form/s may be returned to you for proper completion before further processing of your application.

Applicant Last Name: _____

Applicant Date of Birth: _____

STATE OF CONNECTICUT

BOARD OF PARDONS AND PAROLES

55 West Main Street - Waterbury, CT 06702

Pardon Reference Questionnaire

Applicant's Name:	

Reference's Name:			
ADDRESS (Number and Street):			Apartment Number / Floor
CITY:		STATE:	Zip Code:
HOME PHONE NUMBER: ( ) -	BUSINESS PHONE NUMBER: ( ) -		EXTENSION:
CELLULAR PHONE NUMBER: ( ) -	E-MAIL ADDRESS:		

1. What is your relationship to the petitioner?
2. How long have you known the petitioner?
3. Please list ALL the offenses the petitioner was convicted of:
4. In <u>detail</u>, please give your reasons as to why you believe the petitioner should be granted a pardon.

You may attach additional pages or a letter to this form, but this form needs to be completed and submitted with the pardon petition.

By signing this form, I understand and agree that an employee of the Board of Pardons and Paroles may contact me to verify that the information on this form is correct or to obtain additional information if necessary.

_____ _____

Signature of Reference Date

Applicant Last Name: _____

Applicant Date of Birth: _____

STATE OF CONNECTICUT

BOARD OF PARDONS AND PAROLES

55 West Main Street - Waterbury, CT 06702

Pardon Reference Questionnaire

Applicant's Name:	

Reference's Name:		
ADDRESS (Number and Street):		Apartment Number / Floor
CITY:	STATE:	Zip Code:

HOME PHONE NUMBER: ( ) -	BUSINESS PHONE NUMBER: ( ) -	EXTENSION:
CELLULAR PHONE NUMBER: ( ) -	E-MAIL ADDRESS:	

1. What is your relationship to the petitioner?
2. How long have you known the petitioner?
3. Please list ALL the offenses the petitioner was convicted of:
4. In <u>detail</u>, please give your reasons as to why you believe the petitioner should be granted a pardon.

You may attach additional pages or a letter to this form, but this form needs to be completed and submitted with the pardon petition.

By signing this form, I understand and agree that an employee of the Board of Pardons and Paroles may contact me to verify that the information on this form is correct or to obtain more information if necessary.

_____ _____

Signature of Reference Date

Applicant Last Name: _____

Applicant Date of Birth: _____

STATE OF CONNECTICUT

BOARD OF PARDONS AND PAROLES

55 West Main Street - Waterbury, CT 06702

Pardon Reference Questionnaire

Applicant's Name:	

Reference's Name:			
ADDRESS (Number and Street):			Apartment Number / Floor
CITY:		STATE:	Zip Code:
HOME PHONE NUMBER: ( ) -	BUSINESS PHONE NUMBER: ( ) -		EXTENSION:
CELLULAR PHONE NUMBER: ( ) -	E-MAIL ADDRESS:		

1. What is your relationship to the petitioner?
2. How long have you known the petitioner?
3. Please list ALL the offenses the petitioner was convicted of:
4. In <u>detail</u>, please give your reasons as to why you believe the petitioner should be granted a pardon.

You may attach additional pages or a letter to this form, but this form needs to be completed and submitted with the pardon petition.

By signing this form, I understand and agree that an employee of the Board of Pardons and Paroles may contact me to verify the information on this form is correct or to obtain more information if necessary.

_____ _____

Signature of Reference Date

Applicant Last Name: _____

Applicant Date of Birth: _____

STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION
DIVISION OF STATE POLICE
BUREAU OF IDENTIFICATION

CRIMINAL HISTORY REQUEST (PARDON)

(Type or print clearly)

Date: _____

Name of Requester:_____

Address:_____

City: _____State:_____Zip:_____

Contact Phone Number:_____E-mail_____

1) Fill in form completely
2) Enclose a **$50.00** dollar check or money order payable to: **Treasurer-State of CT**
3) Enclose a ***complete set of fingerprints*** for Positive Identification

Mail request with check or money order to:

DESPP-Division of State Police
Bureau of Identification
1111 Country Club Road
Middletown, CT 06457-2389

			/ /
Subjects First Name	**MI**	**Last Name**	**Date of Birth**

Please list any maiden names, alias names, or alias dates of birth used:

_____

_____

DPS-0846-C-2

Phone: (860) 685-8480 Fax: (860) 685-8361
1111 Country Club Road
Middletown, CT 06457-2389
An Affirmative Action/Equal Opportunity Employer