



STATE OF FLORIDA
OFFICE OF EXECUTIVE CLEMENCY

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Clemency Application

DIRECTIONS: All required court documents must be attached to this application. Please refer to the "Court Documents Section" below for a list of required court documents. Please print all information on the application clearly. Unreadable applications will be rejected.

AMENDMENT 4: Amendment 4 restores voting rights to felony offenders, except those convicted of murder or a felony sexual offense, upon completion of all terms of sentence including parole or probation. A clemency application is not required for the restoration of voting rights pursuant to Amendment 4.

Check box(es) for the type(s) of clemency you are seeking:

- Full Pardon (Eligible to apply 10 years after completion of all terms of sentence)
Pardon Without Firearm Authority (Eligible to apply 10 years after completion of all terms of sentence)
Specific Authority to Own, Possess, or Use Firearms (Eligible to apply 8 years after completion of all terms of sentence)
Restoration of Civil Rights for Florida/Federal/Military/Out-of-State conviction(s) (Eligible to apply after completion of all terms of sentence other than any legal financial obligations)
Remission of Fine or Forfeiture (Eligible to apply after completion of all terms of sentence other than any legal financial obligations)

If you are seeking a Commutation of Sentence, please submit a "Request for Review" Form. The "Request for Review" Form can be obtained by contacting this office at the address listed at the bottom of this application. (Eligible to apply if serving a prison term of 5 years or more after completion of whichever of the following is greater: (a) one third of prison term; (b) one half of minimum mandatory sentence; or (c) 20 years of life sentence. Ineligible to apply if convicted in a federal, military, or out-of-state court.)

PERSONAL IDENTIFIERS SECTION

DIRECTIONS: All applicable personal identifiers must be completed, or the application will be rejected.

Name used when conviction(s) occurred: \_\_\_\_\_

Current Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: [ ] Male [ ] Female

Driver License Number: \_\_\_\_\_

U.S. Citizen? [ ] Yes [ ] No Alien Registration Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City County State Zip

Mailing Address: \_\_\_\_\_  
Street City County State Zip

Home Telephone #: \_\_\_\_\_ Cellular Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If previously incarcerated or placed on probation for a state or federal charge, list the DC # or Federal Reg #: \_\_\_\_\_

**CHARGES/CONVICTIONS SECTION**

**DIRECTIONS:** List each felony conviction for which you are seeking clemency. If you require more space, attach a separate sheet of paper listing the additional convictions. Do not fill out a separate clemency application form to list the additional information. If requesting clemency for a felony charge for adjudication of guilt withheld, or a misdemeanor conviction or charge, list the same information noted above.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Circle** the court where you were last charged/convicted:

STATE OF FLORIDA FEDERAL OUT OF STATE or MILITARY

Date of completion for the last charge/conviction imposed: \_\_\_\_\_

**COURT DOCUMENTS SECTION**

**DIRECTIONS:** Section 940.04 of the Florida Statutes entitles you to obtain certified copies of various court documents from the applicable clerk of court free of charge. You **MUST ATTACH TO THIS APPLICATION** certified copies of court documents for **EACH** felony conviction, felony charge for adjudication of guilt withheld, or misdemeanor conviction or charge for which you are seeking clemency. The application will be rejected if the required court documents are not attached. Court documents include:

1. Certified copy of the charging instrument (indictment, information, or warrant with supporting affidavit)
2. Judgment and sentence that may include an order of community control or order of probation

**Applicant or Attorney Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Applicant or Attorney (required)

**YOU DO NOT NEED AN ATTORNEY FOR THIS PROCESS.** However, if you have chosen to be represented by an attorney for the clemency process, please provide the attorney name, address, and phone number.

\_\_\_\_\_  
Attorney Name Address Telephone Number

**Mailing Address:** Office of Executive Clemency, 4070 Esplanade Way, Tallahassee, FL 32399-2450