

JAY INSLEE  
Governor



STATE OF WASHINGTON  
OFFICE OF THE GOVERNOR

P.O. Box 40002 • Olympia, Washington 98504-0002 • (360) 902-4111 • [www.governor.wa.gov](http://www.governor.wa.gov)

**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:

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LAST Name	FIRST Name	MIDDLE Name
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ALIASES, if any:

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LAST Name	FIRST Name	MIDDLE Name
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LAST Name	FIRST Name	MIDDLE Name
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LAST Name	FIRST Name	MIDDLE Name
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RESIDENCE

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Address	Apartment, Lot, Suite, Space, etc.
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City	State	Zip Code
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TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

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Date of Birth	Place of Birth	Citizenship	Social Security Number	Prison Number
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DRIVER'S LICENSE NUMBER (Including State of Issuance): \_\_\_\_\_

### Specify the Action You Are Requesting of the Governor

- PARDON (complete relief from sentence and/or disabilities related to conviction)
- COMMUTATION (reduction of sentence)
- REPRIEVE (delay in imposition of sentence)

Date of Application: \_\_\_\_\_

Have you previously applied for a commutation or pardon?  YES

(If yes, WHEN?) \_\_\_\_\_  NO

If less than three years have passed, are their new circumstances that you believe justify your petition?

- this application concerns medical issues  Yes  No
- this application concerns deportation or removal issues  Yes  No

The Board reviews and hears Petitions for pardon or commutation only in cases in which judicial remedies for the conviction have been concluded to a final decision. Have all direct appeals been exhausted or has the time within which to appeal expired?  YES  NO

If you are incarcerated, are you under the jurisdiction of the Indeterminate Sentencing Review Board? \_\_\_\_\_

Are you on community custody for an offense that places you under the jurisdiction of the Indeterminate Sentencing Review Board?  Yes  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: \_\_\_\_\_

ARE YOU A U.S. CITIZEN?  YES  NO

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?

YES     NO

If yes, please attach all documentary evidence demonstrating your efforts and the Court's decision.

If not, please explain why: \_\_\_\_\_

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**For Each Conviction(s) for Which You Are Seeking Pardon or Commutation** (Use additional paper, as needed, to complete your response.)

Crime or Offense: \_\_\_\_\_

Date of the Crime: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

County and State of Conviction: \_\_\_\_\_

Sentence Imposed: \_\_\_\_\_

Was there a Protective Order as a Result of this Crime: \_\_\_\_\_

\_\_\_\_\_ If Yes, is it still active: \_\_\_\_\_

Restitution/Costs Imposed: \_\_\_\_\_

If Restitution/Costs Imposed, what amount have you paid? \_\_\_\_\_

Were you represented by an attorney:  YES     NO

If yes, please provide:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Was a weapon used in perpetration of the crime(s)?  YES     NO

If yes, what kind: \_\_\_\_\_

If the offense was committed against a person, please answer the following:

1. Was the victim known to you? \_\_\_\_\_
2. If yes, the relationship \_\_\_\_\_
3. Was the victim injured? \_\_\_\_\_
4. Age of victim at time of offense \_\_\_\_\_
5. More than one victim? If yes, how many? \_\_\_\_\_
6. Was restitution ordered? \_\_\_\_\_  
If yes, how much and has it been paid? \_\_\_\_\_

**Please provide the following information:**

Are you currently:

- Serving a sentence? If yes, when is your earliest possible release date? \_\_\_\_\_
- On parole? If yes, when is your discharge date? \_\_\_\_\_
- On probation? If yes, when is your discharge date? \_\_\_\_\_

**Prior Convictions:**

Have you ever been arrested, charged, or convicted of any offense at any other time? \_\_\_\_\_  
The Board expects that all offenses, including gross misdemeanor and misdemeanor offenses, will 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: \_\_\_\_\_

**(A copy of the JUDGMENT AND SENTENCE for each offense for which you desire relief is REQUIRED before the Board will review your petition. PLEASE ATTACH A COPY TO THIS PETITION.)**

**Statement of All Pending Proceedings:**

Please identify all cases that are pending against you in any State or Federal or local court, and 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

**Petitioner’s Statement:**  
(Use additional paper, as needed, to complete your response.)

For each conviction, fully explain the facts of the crime for which relief is being sought:

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Please describe the “extraordinary” circumstances that you think would justify granting your Petition for clemency:

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Please describe your rehabilitation efforts after your conviction, if any:

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Describe your prison record, if any, (include commendations, disciplinary actions, etc.):

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Are you currently, or have you at anytime in the past been, the subject of a do not contact order, restraining order or protective order?  YES  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.

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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 attachments 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 or some information on this application and any information obtained by the Clemency and Pardons Board staff may be considered public records under the Washington Public Records Act, chapter 42.56 RCW and subject to public disclosure.

Signature of Petitioner: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

