Petition for Pardon After Completion of Sentence

Please read the accompanying instructions carefully before completing the application. Type or print the answers in ink. Each question must be answered fully, truthfully, and accurately. If the space for any answer is insufficient, you may complete the answer on the optional continuation page or on a separate sheet of paper and attach it to the petition. If a question is not applicable, please state so. You may attach any additional documentation that you believe is relevant to your petition. The submission of any material, false information is punishable by up to five years' imprisonment and a fine of not more than \$250,000. 18 U.S.C. §§ 1001 and 3571.

To The President of the United States:

. Full name:					
Fi	rst	Middl	'e	Last	
Address:	ber	Street	City	State	Zip Code
Email Address:					1
Cell Number:			Social Sec	urity No.:	
Home Number:	(area code)		Sex:		
Date of birth:	,		Place of b	irth:	
Height:	Weight:	Hai	r color:	Eye	color:
ere convicted, the	ther name by reason for y	y which you ha your use of and	ive been kn other name	own, includin , and the dat	follows: ng the name under which yo tes during which you were s iases, and nicknames).
Are you a United S If you are not a U.S. citi state the date and place	zen, state your i	nationality and you	r alien registra	ution number. If y	☐ yes ☐ no ou are a naturalized U.S. citizen,
Have you ever app	lied for a pr	esidential pard	on before?		□ yes □ no
If yes, state the date you	applied for par	don, and the date y	ou were notifi	ed of the final dis	position of the petition.

Offense(s) For Which Pardon Is Sought

Under the Rules Governing Petitions for Executive Clemency, a minimum waiting period of five years after completion of sentence is required before you become eligible to apply for a presidential pardon. The waiting period begins on the date of release from confinement. If the conviction resulted in probation or a fine with no term of imprisonment, the waiting period begins on the date of sentencing. Please see paragraph 3 of the Information and Instructions on Pardons.

2.	Petitioner was convicted on a plea of	(guilty, not guilty, nolo contendere) in t	he United States District
	Court for the(Northern, Western, etc.)	District of	
	and was sentenced on (State specific offens (month/day)	se; provide citation of statute(s) violated, if known) to imprisonment	
	(month/day) □ probation/supervised release for	**	
	of \$ Petitioner was	years of age when the offe	ense was committed.
3.	Petitioner began service of the senten	ce of (□imprisonment □probat	tion) on (month/day) , (year) ;
	was released on,		
	probation/supervised release on	; and com	pleted the sentence on
	,Petiti	oner (□did □did not) appeal th	ne conviction.
4.	Indicate the date(s) on which the fine not been paid in full, explain why, an	e or restitution was paid. If the f	
	, ,	3	
5.	If you appealed your conviction or se of Appeals and, if applicable, the Sup judicial opinion(s), and a copy of any	preme Court. Also provide citat	ions to any published

6.	Provide a complete and detailed account of the offense for which you seek pardon. You are expected to describe in your own words the relevant factual circumstances of the offense. Do not simply repeat the description of the offense contained in the indictment or presentence report, or rely on criminal code citations alone. If the conviction resulted from a plea agreement, you should describe the full extent of your involvement in the criminal conduct, in addition to the charge(s) to which you pled guilty. If you need more space, use the optional continuation page.

Prior and Subsequent Criminal Record

7.	Aside from the offense for which you seek pardon, have you ever been arrested, taken into custody, held for investigation or questioning, charged by any law enforcement authority, or convicted in any court, either as a juvenile or an adult, for any other incident? yes no For each such incident, state the following: the date, the nature of the charge, the relevant facts, the law enforcement authority involved, the location, and the disposition of the incident. You must list every violation, including traffic violations that resulted in an arrest or criminal charge, such as driving under the influence. You are expected to describe in your own words the relevant factual circumstances of each incident. Any omission will be considered a falsification. If you need more space, use the optional continuation page.

Biographical Information

name of spouse		date/place of birth	
full address, includ	ing zip code		telephone number, including area code
date/place of marri	age	date/place of divorce	
name of spouse		date/place of birth	
full address, includ	ing zip code		telephone number, including area code
date/place of marri	age	date/place of divorce	
page.			date/place of birth
			date/place of birth date/place of birth
name of child name of child name of child	ave mine	or children, but o	date/place of birth date/place of birth
name of child name of child name of child (b) If you h whether and	d to who	m you pay child	date/place of birth

School		From (mont	h/year) To (month	/year)
Field of Study		Degree	Month/yea	ır awarded
Number and Street	City	State	Zip Code	
Name of school official		Telephone n	umber of school official	
incarceration, begin accounted for. List address. If you live	dress of every place g nning with the prese the physical location	Residences you have lived since the contant working backwards n of your residence; do not complex, list your apartmentage.	All time periods use a post office	must be box as an
Date you moved to present address (month/year):	Number and Street		Apartment Number	
	City	State	Zip Code	
From (month/year):	Number and Street		Apartment Number	
	Number and Street City	State	Apartment Number Zip Code	
To (month/year):		State		
From (month/year): To (month/year): From (month/year): To (month/year):	City	State State	Zip Code	
To (month/year): From (month/year): To (month/year):	City Number and Street		Zip Code Apartment Number	
From (month/year): To (month/year): From (month/year):	City Number and Street City		Zip Code Apartment Number Zip Code	
To (month/year): From (month/year):	City Number and Street City Number and Street	State	Zip Code Apartment Number Zip Code Apartment Number	

10. List the complete address of all schools you have attended since your conviction, beginning

with the most recent and working backward. Indicate the type of degree or diploma received or anticipated, and give the name of an instructor, counselor, or other school official who

Employment History

12. List all periods of employment and unemployment since the conviction or release from incarceration, 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. For additional employments, use the employment history continuation page.

ate you began this employment	Present Employer				
onth/year):	Number and Street	Number and Street			
	City	State	Zip Code		
pe of business	Position	Supervisor	Supervisor's telephone number		
nployer			Telephone (include area code)		
egan (month/year):	Number and Street		1		
nded (month/year):	City	State	Zip Code		
ype of business	Position	Supervisor	Supervisor's telephone number		
mployer		•	Telephone (include area code)		
Began (month/year):	Number and Street		I		
Ended (month/year):	City	State	Zip Code		
Type of business	Position	Supervisor	Supervisor's telephone number		
		en fired or left a job fol	llowing allegations of misconduc		
or unsatisfactory (b) Have you eve employment or of If you answered yes to	job performance? er failed to list your co ther application where either of the above question	onviction, or any other a e such information was	yes □ no arrest or conviction, on any s requested? □ yes □ no me, address and telephone number, and		

Substance Abuse and Mental Health Information

13.	(a) Have you ever used any illegal drug or abused prescription drugs or alcohol?
(b)	Have you ever been involved in the illegal manufacture, sale, or distribution of drugs, other than the offense for which you seek a pardon?
(c)	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.
(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? 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.

Civil and Financial Information

14.	(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. If you need more space, use the optional continuation page.
(b)	Have any liens (including federal or state tax liens) been filed against you?
(c)	Have you ever been named as a party in a civil lawsuit? □ 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. If you need more space, use the optional continuation page.
(d)	Have you ever filed for the discharge of your debts in bankruptcy?
(e)	Do you have any judicial or administrative proceedings pending with the federal or state governments?
	proceeding is pending, the case number, the nature of the dispute, and the current status of the matter. If you need more space, use the optional continuation page.

Military Record

15.	(a) Have you ever served in the armed for	ces of the United States?	□ yes □ no		
Dates	of service:	Branch(es):			
	Serial number: Type of discharge:				
Decor	rations (if any):				
(b)	If you were other than honorably discharges surrounding your discharge. If you need mor a copy of your separation papers (Form DD-2	ged, describe in detail the factual e space, use the optional continuat			
(c)	While serving in the armed forces, did you the defendant in any court-martial?	receive non-judicial punishment,	or were you □ yes □ no		
	If yes, state fully the nature of the charge, the relevant factor the name and address of the authority in possession of a court-martial, with respect to each conviction, provide information that is required in questions 2 through 6 of continuation page.	he records thereof. If you were convicted a copy of the court-martial promulgating	of an offense by order and the		

Civil Rights and Occupational Licensing

16.	Have you ever applied for the restoration of your state civil rights (i.e., a state pardon, a certification of restoration of civil rights, or a certificate of discharge)?	□ yes □ no			
	If yes, indicate whether the application was granted or denied, and attach a copy of your application and the document evidencing the state's action.				
17.	(a) Have you ever applied for the removal of your state firearms disabilities? If yes, indicate whether the application was granted or denied, and attach a copy of your application document(s) evidencing the state's action.	☐ yes ☐ no and the			
	(b) Have you ever applied for the removal of your federal firearms disabilities? If yes, indicate whether the application was granted or denied, and attach a copy of your application document(s) evidencing the federal government's action.	□ yes □ no and the			
18.	(a) Have you ever been denied any type of business or professional license, had an revoked, or had reinstatement of any such license denied?	□ yes □ no			
	If yes, attach a copy of the document(s) evidencing the action, including your application and any explanation for the action. If not available, provide the name, address, and telephone number of the authority taking nature of the license, the disposition of your request, and the date of disposition.	tion of the reasons the action, the			
	(b) Have you ever been granted any type of business or professional license or recreinstatement of any such license that had been revoked?	□ yes □ no			
	If yes, attach a copy of the document(s) evidencing the action, including your application and any explanation for the action. If not available, provide the name, address, and telephone number of the authority taking nature of the license, the disposition of your request, and the date of disposition.				

Charitable and Community Activities

19.	Describe any charitable or civic activities in which you have been engaged, or other contributions you have made to the community, since your conviction. In this regard, 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. If you need more space, use the optional continuation page.

Reasons for Seeking Pardon

20.	State your reasons for seeking a pardon. Please refer to paragraph 4 of the Information and Instructions on Pardons, which indicates that a pardon is ordinarily a sign of forgiveness, not vindication. If you need more space, use the optional continuation page.

Continuation Page for Petition for Pardon After Completion of Sentence

Residences

From (month/year):	Number and Street		Apartment Number		
To (month/year):	City	State	Zip Code		
From (month/year):	Number and Street		Apartment Number		
To (month/year):	City	State	Zip Code		
From (month/year):	Number and Street		Apartment Number		
To (month/year):	City	State	Zip Code		
			,		
From (month/year):	Number and Street		Apartment Number		
To (month/year):	City	State	Zip Code		
From (month/year):	Number and Street		Apartment Number		
To (month/year):	City	State	Zip Code		
		-	,		
From (month/year):	Number and Street		Apartment Number		
To (month/year):	City	State	Zip Code		
		-			
From (month/year):	Number and Street		Apartment Number		
To (month/year):	City	State	Zip Code		

Continuation Page for Petition for Pardon After Completion of Sentence

Employment History

Employer			Telephone (include area code)
Began (month/year):	Number and Street		
Ended (month/year):	City	State	Zip Code
Type of business	Position	Supervisor	Supervisor's telephone number
Employer		_	Telephone (include area code)
Began (month/year):	Number and Street		
Ended (month/year):	City	State	Zip Code
Type of business	Position	Supervisor	Supervisor's telephone number
Employer			Telephone (include area code)
Began (month/year):	Number and Street		
Ended (month/year):	City	State	Zip Code
Type of business	Position	Supervisor	Supervisor's telephone number
		I	
Employer			Telephone (include area code)
Began (month/year):	Number and Street		
Ended (month/year):	City	State	Zip Code
Type of business	Position	Supervisor	Supervisor's telephone number

Optional Continuation Page for Petition for Pardon After Completion of Sentence

Answers to Other Questions

Question #	Response:
<u> </u>	

CHARACTER AFFIDAVIT

on behalf of

(print or type name of petitioner) In support of the application of the above named petitioner to the President of the United States for pardon, residing at , whose occupation is_____ certify that I have personally known the petitioner for________years. Except as otherwise indicated below, petitioner has behaved since the conviction in a moral and law-abiding manner. My knowledge of petitioner's reputation, conduct and activities, including whether the petitioner has been arrested or had any other trouble with public authorities and has been steadily employed, is as follows: I do solemnly swear that the foregoing information is true and correct to the best of my knowledge, information, and belief. (Signature of Affiant) Subscribed and sworn before me this day of Notary Public: (SEAL) My commission expires:

Note: Persons related to you by blood or marriage cannot be used as primary character references nor can the attorney representing you in the pardon process, if you are so represented.

CHARACTER AFFIDAVIT

on behalf of

	(print or type name o	of petitioner)			
In support of the application of the a	above named petition	ner to the Presi	dent of the	United States:	for pardon,
Ι,	(Print or type name	of affiant)			
residing at	Street	City	State	Zip Code ,	
, whose, whose	occupation is			,	
Telephone No. (include area code)	·				
certify that I have personally known below, petitioner has behaved since petitioner's reputation, conduct and any other trouble with public author	the conviction in a ractivities, including	noral and law- whether the p	abiding ma etitioner has	nner. My kno s been arrested	wledge of
I do solemnly swear that the		on is true and	correct to th	ne best of my	
knowledge, information, and belief.					
			(Signatur	re of Affiant)	
	1 0				
Subscribed and sworn before me thi	day of	(month)	<u> </u>	(year)	
		Notary Public:			
(SEAL)	My c	ommission expires:			
	My Co	- -			

Note: Persons related to you by blood or marriage cannot be used as primary character references nor can the attorney representing you in the pardon process, if you are so represented.

CHARACTER AFFIDAVIT on behalf of

			(print or type name of	petitioner)			
In support of	f the application	of the above	named petition	er to the Presid	ent of the	United States	for pardon,
ī			_				_
1,			(Print or type name of	of affiant)			,
residing at						,	
_					State		
	(include area code)	whose occupa	ation is				
Telephone No.	(include area code)						
certify that I	have personally	known the p	etitioner for	years.	Except a	s otherwise in	dicated
	oner has behave						
	eputation, cond						d or had
any other tro	ouble with publi	c audiornies a	ind has been ste	eadify employe	u, 18 as 10	nows.	
I do s	solemnly swear	that the foreg	oing informatio	on is true and co	orrect to the	he best of my	
knowledge, i	information, and	d belief.	_			-	
					(Signatu	re of Affiant)	
Subscribed a	and sworn befor	e me this	day of	(ma::4:)	,	(11000)	
				(month) Notary Public:		(year)	
	(SF	(AL)					
	(32	,	My con	mmission expires:			
				_			

Note: Persons related to you by blood or marriage cannot be used as primary character references nor can the attorney representing you in the pardon process, if you are so represented.

Authorization for Release of Information

Carefully read this authorization to release information about you, then complete, sign and date.

I authorize any investigator, special agent, or other duly accredited representative of the Federal Bureau of Investigation, the Department of Defense, and any other authorized Federal agency, 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 presentence investigation report, if any, medical, psychiatric/psychological, health care, and financial and credit information.

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 a release at a later date.

I further authorize the Federal Bureau of Investigation, the Department of Defense, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for 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 any Federal agency 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 Federal Government only for the purposes of processing my application for a government benefit, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for three (3) years from the date signed.

State	Zip Code
Social Security Number	
	Date Signed

Certification and Personal Oath

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 petition may cause adverse action on my petition for pardon, in addition to subjecting me to any other penalties provided by law.

In petitioning the President of the United States for pardon, I do solemnly swear that I will be law-abiding and will support and defend the Constitution of the United States against all enemies, foreign and domestic, and that I take this obligation freely and without any mental reservation whatsoever, So Help Me God.

Respectfully submitted this	day of	,		
		(month)	(year)	
		(signature	of petitioner)	
Subscribed and sworn before me this	day of		_ , ·	
		(month)	(year)	
	N	otary Public:		
(SEAL)	146	——————————————————————————————————————		
(SELLE)	My commis	sion expires:		