



Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

APPLICATION FOR PARDON

Complete this application form to request a pardon of your New York State conviction(s) from the Governor. A pardon is a form of clemency that can provide relief for some or all of the consequences of a criminal conviction. You can find additional information about applying for clemency at: <https://www.ny.gov/services/apply-clemency>.

Unless there are exceptional and compelling circumstances, a pardon is generally not considered if the applicant has other administrative remedies available to them, such as a certificate of good conduct or a certificate of relief from disabilities, pursuant to provisions of Article 23 of the Corrections Law. For more information about these remedies and whether they can help you, please contact the Executive Clemency Bureau at (518) 457-7565 or the mailing address provided below.

If you need more space to complete any section of this application form, you may attach as many additional pages as you need.

Submit your completed application form by mail to the address below. Please also include copies of any additional documents supporting your application that you would like to provide, including documents that provide evidence for information included in your application. Supporting documentation may include, for example, copies of relevant court documents or immigration records; copies of employment records; and copies of letters of support from your community. Do not send original documents because application materials cannot be returned after they are submitted.

New York State Department of Corrections and Community Supervision
Executive Clemency Bureau
Harriman State Campus – Building 4
1220 Washington Avenue
Albany, NY 12226-2050

The Governor's Office or the Executive Clemency Bureau may contact you to ask for additional information about your application.



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SECTION 1 – APPLICANT INFORMATION

A. Basic Information

Full Name: _____

Alias(es): _____

Date of Birth: _____
Month Day Year

Gender: M F X Other: _____

Identification Numbers: _____
Social Security Number NYSID DIN (if applicable)

Current Mailing Address: _____

E-Mail Address: _____

Phone Number: _____

What is your primary language? _____

Is someone helping you with your pardon application? Yes No If yes, what is their relationship to you? Lawyer Other: _____

If someone is helping you with your pardon application, please provide their name and contact information here: _____

Is this an urgent request? (If yes, please provide additional information and specific details about the urgency in Section 3 below.) Yes No

SECTION 2 – LEGAL HISTORY

A. Conviction(s) For Which A Pardon Is Being Requested

List the New York State conviction(s) for which you are requesting a pardon. If you need more room, please attach a document with the full list of convictions for which you are requesting a pardon. Note: the Governor’s Office will also review a complete copy of your criminal history report.

Conviction(s)	County of Conviction	Conviction Date	Sentence

1.A.1 - For each conviction included in your pardon request, please describe what happened in the incident(s) that led to your arrest and conviction. This should be a factual description of the offense, including your role and involvement.

Did your sentence(s) include any fines or restitution? YES NO If Yes, how much were you fined or ordered to pay? \$ _____

If Yes, have you paid the fines or restitution in full? YES NO How much, if any, do you still owe? \$ _____

1.A.2 - Are you currently serving a term of probation or community supervision (also known as parole)? If so, how long have you served and how much time do you have left?

B. Other Conviction(s) Not Included In Pardon Request

1.B.1 - Do you have any New York State conviction(s) that are not included in your request for a pardon? If yes, list and explain. Please also explain why you are not requesting a pardon for this conviction(s).

1.B.2 - Have you ever been arrested for or convicted of a crime by any federal authority, or by authorities in any other state or country outside of New York State? If yes, list and explain.

SECTION 3 – REASON FOR PARDON REQUEST

Why are you requesting a pardon? Please select at least one. If you select "Other," please explain.

Prevent Deportation

Apply for Green Card or
Citizenship

Employment

Housing

Other:

Have you applied for a pardon of
your New York State convictions
before?

YES

NO

If yes,
when?

3.1 - Please explain how a pardon will help you.

3.2 - Is this an urgent request? If yes, why is it urgent? Please include any upcoming court dates or other important deadlines that help explain why this request is urgent.

SECTION 4 – JUSTIFICATION FOR PARDON REQUEST

4.1 - Please provide any details about your life and personal background that you think are important for understanding your conviction(s) and your current request for a pardon.

4.2 - Please provide a personal statement describing your life since your conviction(s), including an explanation of why you think you are a good candidate for a pardon. For example, this may include information about your efforts toward self-development, educational achievements, professional accomplishments, current employment, involvement in counseling or treatment programs, participation in community or volunteer organizations, and any other details demonstrating that you are a positive member of your community.

4.2 continued – Additional space for personal statement, if needed:

Please remember that if you need more space to complete any section of this application form, you may attach as many additional pages as you need.

Please also remember to include copies of any documents supporting your application that you would like to provide. Supporting documentation may include, for example, copies of relevant court documents or immigration records; copies of employment records; and copies of letters of support from your community. Do not send original documents because application materials cannot be returned after they are submitted.

SECTION 5 – APPLICANT DECLARATION

I, _____, declare under penalty of perjury under the law
of the
_____ (Print Applicant's Full Name)

State of New York that the information I have provided in this application form is true and correct.

Signature of Applicant

Date



To: Department of Taxation and Finance
 W.A. Harriman State Campus
 Albany, New York 12227
 (518) 435-2913

I, _____, authorize the Department of Taxation and Finance ("Department") to disclose and discuss with the Executive Clemency Bureau and the Governor's Office (Executive Chamber), the following information, for the purpose of considering my application for Executive clemency:

- Whether my New York State income tax returns have been timely filed, including appropriate extensions, for the prior four tax years.
- Whether any enforcement action – including, but not limited to, issuance of a tax warrant, lien, or judgment -- has been taken by the Department of Taxation and Finance against me and the status of such action; whether any income tax bills are currently outstanding past the due date, or whether any protests are currently filed by me and the status of any such protests.

I do not authorize the Executive Clemency Bureau to disclose, discuss, or share tax information other than that specifically delineated above. I understand that the Executive Clemency Bureau in no case will provide actual tax filings. I understand that the Clemency Bureau and the Executive Chamber will not share any tax information with any outside person or entity.

I will commence no claim against the Executive Clemency Bureau if they disclose the delineated information according to this release.

My Social Security Number is: _____

 Signature

 Date

For Taxation and Finance use only			
New York State	Filer	Non-Filer	Remarks
Year: _____	<input type="checkbox"/>	<input type="checkbox"/>	Current liability <input type="checkbox"/> Yes <input type="checkbox"/> No
Year: _____	<input type="checkbox"/>	<input type="checkbox"/>	Warrant <input type="checkbox"/> Yes <input type="checkbox"/> No
Year: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Year: _____	<input type="checkbox"/>	<input type="checkbox"/>	
____/____/____	Verifier's signature		() _____
Date			Title Telephone number