



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

PARDON REQUEST - BACKGROUND INFORMATION FORM

Please complete this form, to the best of your knowledge, and return to: **NYS Department of Corrections and Community Supervision Executive Clemency Bureau**
The Harriman State Campus – Building 2
1220 Washington Avenue
Albany, NY 12226-2050

Full Name of Applicant:

Current Address:

Phone Number(s):

Alias:

Date of Birth:

Social Security Number: - -

DIN #

NYSID#

FBI #

Alien Registration # (for immigration cases):

Provide details if any Immigration (ICE) proceedings are pending:

Legal History

To the best of your knowledge, please list all New York State convictions only (attach additional page or write on back with additional details if necessary):

Conviction Offense	Court of Conviction (Include County and/or City)	Date of Sentence	Sentence

Reason for Pardon Request (attach additional page or write on back with additional details if necessary):

Applicant's Signature: _____

Date: