



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

PARDON REQUEST - BACKGROUND INFORMATION FORM For Applicants Who Committed an Eligible Non-Violent Crime at Age 16 Or 17

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:

Please include information about your eligible New York State crime and conviction, if known

Arrest Charge:

Arrest Agency:

Arrest Date:

Your Age on Arrest Date:

Court and County of Conviction:

Conviction Charge:

Sentence Received:

Sentence Date:

Name and Address of Defense Attorney (if known):

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

Applicant's Signature: _____

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 of the Department of Corrections and Community Supervision (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 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 Department to disclose, discuss, or share tax information other than that specifically delineated above. I understand that the Department in no case will provide actual tax filings. I understand that the Clemency Bureau and the Executive Chamber will not share any tax information received from the Department with any outside person or entity.

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

My Social Security Number is: _____

Signature

Date

| For Taxation and Finance use only | | | |
|-----------------------------------|--------------------------|-------------------------------|--|
| <u>New York State</u> | <u>Filer</u> | <u>Non-Filer</u> | <u>Remarks</u> |
| 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"/> | |
| _____/_____/_____ Date | | _____ Verifier's signature | _____ Title |
| | | | _____ Telephone number |