



# Corrections and Community Supervision

**ANDREW M. CUOMO**  
Governor

**ANTHONY J. ANNUCCI**  
Acting Commissioner

**THOMAS J. HERZOG**  
Deputy 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:                      Year                      Month                      Day

Social Security Number:                      -                      -

DIN #                                      NYSID#                                      FBI #

Alien Registration # (for immigration cases):

Whether Immigration proceedings are pending and the status:

Conviction(s) - Please note: include only NYS convictions:

Place of Crime(s):

Sentencing Date(s):

Sentence(s) Received:

Reason for Request (attach additional papers or write on back if necessary):

Any other identifying information (attach additional papers or write on back if necessary):

Applicant Signature: \_\_\_\_\_ Date