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:

| | First | | Middle | Last | |
|---|--|-----------------------------|---|---|--|
| Address | | | | | |
| | Number | Street | City | State | Zip Code |
| Email A | ddress: | | | | |
| Cell Nun | | | Social Se | curity No.: | |
| Home N | | , | Sex: | | |
| D 4 61 | (area c | code) | DI CI | • 41 | |
| Date of h | oirth: | | Place of I | oirth: | |
| Height: | Wei | ght: | Hair color: _ | Eye | color: |
| he undersi | oned netitions | for a nardon | and in support th | ereof states as | follows |
| tate in full vere convict | every other nated, the reason | me by which for your use | e of another name | nown, includin e, and the dat | follows: g the name under which yo es during which you were s iases, and nicknames). |
| tate in full vere convict nown (i.e., i | every other nated, the reason include your n | itizen? | you have been kee of another name name by a forme | nown, includin e, and the dat er marriage, al | g the name under which yo es during which you were s |

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.

| (State specific offense enced on | District of (identify steetse; provide citation of statute(s) violated, if kn to imprisonment (year) pears of age when the nee of (imprisonment imprisonment imprisonment from (Federal institution) | own) ent for, and □ restitution offense was committed. obation) on; (month/day) ,; |
|--|---|--|
| supervised release for Petitioner was gan service of the senten (month/day) ysupervised release for Petitioner was gan service of the senten (month/day) pervised release on | to imprisonment (year) a fine of \$ years of age when the comparisonment pro from (Federal institution) | ent for, and □ restitution, and □ restitution offense was committed. Obation) on,;; |
| . Petitioner was gan service of the senten on, | years of age when the nce of (□imprisonment □pro from (Federal institution) | offense was committed. obation) on ;; |
| . Petitioner was gan service of the senten on, | years of age when the nce of (□imprisonment □pro from (Federal institution) | offense was committed. obation) on ;; |
| gan service of the senten on, | from (Federal institution) | bbation) on (month/day) , (year) ; |
| pervised release on | | ; began service of |
| pervised release on | | |
| (1 | month/day) ,; and (| completed the sentence on |
| Petiti | ioner (□did □did not) appea | al the conviction. |
| date(s) on which the fine | e or restitution was paid. If t | he fine or restitution has |
| | | |
| nd, if applicable, the Su | preme Court. Also provide c | itations to any published |
| lec nd | l your conviction or s , if applicable, the Su | I your conviction or sentence, provide the date of to, if applicable, the Supreme Court. Also provide con(s), and a copy of any unpublished opinion(s), if a |

| 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. |
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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. |
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Biographical Information

| name of spouse | | date/place of birth | |
|---|----------------|-----------------------|--|
| full address, incli | uding zip code | • | telephone number, including area code |
| date/place of man | rriage | date/place of divorce | |
| name of spouse | | date/place of birth | |
| full address, incl | uding zip code | | telephone number, including area code |
| date/place of man | rriage | date/place of divorce | |
| | | | |
| name of child | | | date/place of birth |
| name of child | | | date/place of birth date/place of birth |
| name of child | have mir | nor children, but o | date/place of birth date/place of birth |
| name of child name of child (b) If you whether ar | nd to who | om 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 | resent 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. |
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| | |
| (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): | |
| | l number: | | |
| 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 |
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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)? \Box |
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| | If yes, indicate whether the application was granted or denied, and attach a copy of your application and the document(s) evidencing the state's action. |
| | |
| 17. | (a) Have you ever applied for the removal of your state firearms disabilities? ☐ yes ☐ not If yes, indicate whether the application was granted or denied, and attach a copy of your application and the document(s) evidencing the state's action. |
| | (b) Have you ever applied for the removal of your federal firearms disabilities? ☐ yes ☐ n If yes, indicate whether the application was granted or denied, and attach a copy of your application and the document(s) evidencing the federal government's action. |
| 18. | (a) Have you ever been denied any type of business or professional license, had any such license revoked, or had reinstatement of any such license denied? ☐ yes ☐ n |
| | If yes, attach a copy of the document(s) evidencing the action, including your application and any explanation of the reasor for the action. If not available, provide the name, address, and telephone number of the authority taking the action, the nature of the license, the disposition of your request, and the date of disposition. |
| | (b) Have you ever been granted any type of business or professional license or received the reinstatement 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 of the reast for the action. If not available, provide the name, address, and telephone number of the authority taking the action, the nature of the license, the disposition of your request, and the date of disposition. |
| | |

Charitable and Community Activities

| 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. | | | | |
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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. |
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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: |
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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 o | r type name of p | etitioner) | | | | |
|---------------------------------|---|-----------------------------------|-------------------------|------------------------|-------------------------|-------------------|----------------------|----------------|
| In support of | the application of the | above named | petitione | r to the Pr | esident of t | the Unit | ted Stat | es for pardon, |
| Ι, | | | | | | | | , |
| | | | | | | | | |
| residing at | Number | Street | | City | State | Z | Zip Code | . , |
| | | | | | | | | |
| Telephone No. (| , whose | occupation is | S | | | | , | |
| below, petition petitioner's re | have personally known oner has behaved since eputation, conduct and uble with public autho | the conviction activities, income | on in a mo cluding w | oral and lawhether the | w-abiding petitioner | manner has bee | r. My k en arrest | nowledge of |
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| | olemnly swear that the | | formatio | n is true ar | nd correct t | o the be | est of m | ny |
| knowledge, 11 | nformation, and belief | • | | | | | | |
| | | | | | | | | |
| | | | | | (Sig | nature of A | ffiant) | |
| | | | | | | | | |
| | | | | | | | | |
| Subscribed a | nd sworn before me th | is | day of | (mo | nth) | , | year) | • |
| | | | | Notary Public | ?: | `` | - ' | |
| | (SEAL) | | 3.6 | | | | | |
| | | | My con | ımission expires | ··· | | | |
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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 of | r type name of p | etitioner) | | | |
|-----------------|----------------------------|--------------|------------------|-------------------|------------|-------------------|----------------|
| | the application of the ab | | - | | dent of th | e United Stat | es for pardon, |
| T | | | | | | | |
| 1, | | (Print | or type name oj | affiant) | | | , |
| residing at | | | | | | | |
| residing at | Number S | Street | | City | State | Zip Code | _ ' |
| | | | | | | | |
| Telephone No | , whose oc | ecupation is | S | | | . | , |
| Telephone Ivo. | mentae area esaey | | | | | | |
| certify that I | have personally known t | he petitione | er for | years | s. Except | as otherwise | indicated |
| below, petition | oner has behaved since th | ne convictio | on in a mo | oral and law- | abiding r | nanner. My k | nowledge of |
| | eputation, conduct and ac | | | | | | |
| | uble with public authoriti | | | | | | |
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| | olemnly swear that the fo | oregoing in | formatio | n is true and | correct to | the best of n | ny |
| knowledge, i | nformation, and belief. | | | | | | |
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| | | | | | (Signe | uure oj rijjuuu) | |
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| | | | | | | | |
| Subscribed a | nd sworn before me this | | day of | | , | , | • |
| | | | | (month) | | (year) | • |
| | | | | Notary Public: | | | |
| | (SEAL) | | | - | | | |
| | | | My con | umission 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) | , · · | | |
|-------------------------------------|------------------------|---------------|----------------|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | (signature | of petitioner) | | |
| Subscribed and sworn before me this | day of | (month) | , · | | |
| (CEAL) | No | otary Public: | | | |
| (SEAL) | My commission expires: | | | | |