

**THE COMMONWEALTH OF MASSACHUSETTS
PARDON PETITION**

_____, _____
DATE YEAR

TO HIS EXCELLENCY, THE GOVERNOR:

I, _____
(NAME OF PETITIONER)

ADDRESS _____
(Street Address, City, State, Zip code)

DATE OF BIRTH _____

HAVING BEEN CONVICTED OF THE CRIME(S) OF _____

FOR WHICH I WAS SENTENCED ON _____

IN THE _____ Court

TO SERVE A TERM OF _____

(IF NECESSARY, USE ADDITIONAL PAPER)

DO HEREBY PETITION FOR A PARDON OF SAID CRIME(S), EITHER ABSOLUTE OR UPON SUCH CONDITIONS AND LIMITATIONS AS MAY BE DEEMED PROPER.

- RETURN TO: -

GOVERNOR'S EXECUTIVE COUNCIL
ROOM 184
STATE HOUSE
BOSTON, MA 02133

NOTICE:

This form must be completed by all pardon petitioners.

Applications must be typewritten or clearly printed in ink. All questions must be answered. If the question does not apply, please indicate by answering N/A (not applicable). If the space provided is not sufficient for complete answers, or if you wish to furnish additional information, please use additional paper and number your answers to correspond with the questions.

THIS SPACE IS FOR AGENCY USE ONLY	Date Petition Received _____
	Date of Hearing _____
	Vote _____
	Report to Governor Pardon _____

I. PERSONAL DATA

Name _____

Other Name (s) (if any) _____

Present Address _____

(Street Number, Street Name)

(City, State, Zip)

Permanent Address (if different from above) _____

(Street Number, Street Name)

(City, State, Zip)

Date of Birth _____ Place of Birth _____

Social Security Number / / Sex: Male Female

Parent's Names _____

(Mother)

(Mother's Maiden Name)

(Father)

Home Telephone # () _____

Please List Previous Addresses For The Past Five Years:

1. _____
(Street Number, Street Name)

(City, State, Zip)

2. _____
(Street Number, Street Name)

(City, State, Zip)

3. _____
(Street Number, Street Name)

(City, State, Zip)

Marital Status: Single _____ Married _____ Divorced _____ Separated _____

Date and Place of Present Marriage _____

Your Maiden Name (If Female) _____

Children _____ Ages _____

II. EDUCATION AND TRAINING

Highest Grade Completed _____

Name of School _____

Type of Degree _____

Location of School _____
(City, Town, State)

5. To the best of your knowledge, are you eligible for relief under the sealing statute, Massachusetts General Laws, Chapter 276, section 100A? (Refer to Governors' Guidelines for summary of statute.)

(YES)

(NO)

6. Please explain why you are seeking a pardon. Be specific in addressing your compelling need. (If necessary, use additional paper.)

7. Have you met the requirements outlined in the Governor's Pardon Guidelines?

(YES)

(NO)

If not, please state the reasons for which you are requesting that the Governor waive these time requirements. (If necessary, use additional paper.)

8. If applicable, please explain how your petition falls within the Executive Guidelines for particularly meritorious clemency petitions?

VI. FIREARMS PERMIT

- 1. Federal and State law prohibits you from obtaining a firearms permit where the pardon specifically prohibits you from carrying, transporting, possessing, and/or receiving firearms. Are you requesting authorization to possess a firearm

(YES) (NO)

- 2. If the answer to the preceding question is "YES," have you included with your petition a letter from the Chief of Police of your city or town indicating that he or she would approve your application for a gun permit?

(YES) (NO)

VII. COMMUNITY ACHIEVEMENTS

Petitioner must demonstrate a substantial period of good citizenship since conviction. Please indicate examples of stable and constructive conduct and specific achievements. (If necessary, use additional paper.)

VIII. REFERENCES

Have you included with your pardon application at least three (3) letters of recommendation from persons other than you or your family attesting to your good character and reputation?

(YES) (NO)

Please list the names and addresses of the individuals who are writing letters of recommendation on your behalf.

(Name)	(Address)	(Relationship)
(Name)	(Address)	(Relationship)
(Name)	(Address)	(Relationship)

PLEASE NOTE

1. If you retain an attorney, a duplicate of the registration filed by your counsel, or other representative with the Secretary of State pursuant to Massachusetts General laws, Chapter 127, Section 167 must accompany this petition.
2. All information presented in sections I through VIII of this application must be completed and mailed with your petition to the:

**Governor's Executive
Council Room 184
State House Boston, MA 02133**

3. A letter from a person other than yourself or a family member should be included with your pardon application verifying your compelling and specific need and period of good citizenship.
4. It is also your obligation to provide written verification of your specific compelling need, such as a letter of verification from an employer and/or licensing authority, or a letter of rejection from an employer or licensing authority which indicates that you would not be hired and/or licensed unless you have been pardoned.

The information provided in this petition is true to the best of my knowledge.

Signature of Petitioner

Date