

## GOVERNOR'S GUIDELINES FOR PARDON CONSIDERATION

The granting of a pardon is an extraordinary act of clemency, solely within the discretion of the Governor in accordance with Chapter II, Section 20 of the Vermont Constitution. The Governor's determination is not subject to appeal.

If an application falls generally within the Guidelines set forth below, it will be referred to the State of Vermont Department of Corrections and the Parole Board for investigation and recommendation.

1. **TIME:** A substantial period of time must have elapsed since the date of conviction. **Generally, a ten-year time period for a felony conviction and a five- year period of time for a misdemeanor conviction is required.** A pardon will not be considered for a person who is currently incarcerated or under sentence except in very unusual circumstances where there is independent evidence of a gross miscarriage of justice not reviewable through the courts.
2. **SOCIAL BEHAVIOR SINCE CONVICTION:** The applicant's behavior since conviction must have been exemplary. A significant or outstanding contribution to family and community should be demonstrated.
3. **EMPLOYMENT:** It should be demonstrated that the pardon will remove an obstacle to employment and will enable the applicant to meet family obligations.
4. **BENEFIT TO SOCIETY IF PARDONED:** It should be demonstrated that the pardon will result in a contribution to society, not just personal gain or comfort.

**Please return the completed application to:**

Pardon Coordinator  
Office of the Governor  
109 State Street  
Montpelier, VT 05609-0101

**In addition to sending your completed application to the Governor's Office, you must also send the other required forms and information. Please use the attached checklist to make sure you have sent everything.**

## **VERMONT PARDON APPLICATION CHECKLIST**

These are the items you need to send in connection with your pardon application. Please use this checklist to make sure you are sending in a complete application. We will not review your application until it is complete, and we may send it back.

1. Complete, Notarized Pardon Application (all questions answered)
2. Verification of payment of court costs, fines and restitution. We must have verification of your payment of court costs, fines and restitution in connection with your conviction. You can get this documentation from the clerk of the court in the county of your conviction.
3. Four Letters of Recommendation. Attach letters of recommendation from at least four (4) reputable members of the community who are not related to you and who can attest to your character, your contributions to the community, your compelling and specific need and other factors relevant to the pardon review. (Letters from family members will only be accepted as supplemental information.) All letter of recommendation must include the following information:
  - Indicate how long they have known you
  - Describe in detail how they know you
  - Explain why they believe the Governor should pardon you
  - Letters should be specifically written in connection with your pardon application (generic letters of recommendation will not be accepted)
  - Letters should be addressed to the Governor.
  - Letters must include the name, occupation, signature, telephone number and mailing address of the writer.
4. Authorization to Obtain Records and Liability Release
5. Oath and Agreement to Update

**VERMONT PARDON APPLICATION FORM**

**Notice: This form must be completed by all pardon applicants. By submitting this application, you are consenting to public release of your name should a pardon be issued by the Governor.**

**Applications must be typed or clearly printed in blue or black ink. All questions must be answered. If the question does not apply, please indicate by answering N/A (not applicable). If 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 questions.**

**I. PERSONAL INFORMATION**

1. Full Name: \_\_\_\_\_

2. Alias Names (if any): \_\_\_\_\_

3. Name(s) Convicted Under: \_\_\_\_\_

4. Present Address: \_\_\_\_\_

(Street Number, Street Name)

\_\_\_\_\_  
(City, State, Zip)

5. Permanent Address (if different from above): \_\_\_\_\_

(Street Number, Street Name)

\_\_\_\_\_  
(City, State, Zip)

6. Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

7. Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_ 8. Date of Birth: \_\_\_\_\_

9. Place of Birth: \_\_\_\_\_ 10. Sex: \_\_\_\_\_

11. Children/Support/Alimony:

- a. I have \_\_\_\_ children under the age of 18. N/A: \_\_\_\_
- b. I  am/  am not currently responsible for making child support payments.
- c. I  am/  am not currently up to date on all child support payments. N/A: \_\_\_\_
- d. I  am/  am not currently responsible for making alimony payments.

**II. EDUCATION AND TRAINING**

12. Highest Grade Completed: \_\_\_\_\_

13. Name of School(s): \_\_\_\_\_

14. Location of School(s): \_\_\_\_\_

15. Type of degree: \_\_\_\_\_

**III. MILITARY SERVICE**

16. Branch of Service: \_\_\_\_\_

17. Serial Number: \_\_\_\_\_ Types of Discharge: \_\_\_\_\_

18. Dates of Active Duty: From: \_\_\_\_\_ To: \_\_\_\_\_

**IV. EMPLOYMENT**

19. Present Place of Employment: \_\_\_\_\_  
(Name of Employer)

\_\_\_\_\_  
(Street Number and Name)

\_\_\_\_\_  
(City, State, ZIP) (Telephone Number)

Length of Time: \_\_\_\_\_

Type of Employment: \_\_\_\_\_

20. Previous Employment: (Please list employer’s name, address and dates of employment for the last 10 years.)

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**V. CRIMINAL HISTORY AND STATUS**

21. Are you currently incarcerated in a Vermont correctional facility?  YES  NO

If yes, ID NUMBER: \_\_\_\_\_

22. Were you ever incarcerated in a Vermont correctional facility?  YES  NO

If yes, Prior ID NUMBER(s): \_\_\_\_\_

23. Are you currently serving a term of furlough, probation or a term of mandatory supervision?

YES  NO

If yes:

County: \_\_\_\_\_

Name of Probation Officer: \_\_\_\_\_

Officer’s Phone Number: \_\_\_\_\_

24. Are you currently on parole, or granted parole for this conviction?  YES  NO

If yes:

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

County: \_\_\_\_\_

Name of Parole Officer: \_\_\_\_\_

Officer's Phone Number: \_\_\_\_\_

25. Have you been charged with any criminal offenses (including motor vehicle violations), or parole violations in Vermont or outside of Vermont, state or federal, SINCE the offense for which you are seeking a pardon?

YES  NO

(If "yes," attach an explanation page listing the date of each charge, the charge, the court in which you were charged, the disposition (or an indication that the charges are still pending), as well as an explanation.)

**VI. APPLICANT'S EXPLANATION FOR PARDON REQUEST**

26. Please describe EACH arrest and conviction for which a pardon is sought and give the following information:

- Location of arrest and arresting department
- Circumstances of arrest
- Name and location of court
- Disposition of the case by the court (If necessary, use additional paper.)

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**27.** If a crime for which you are seeking a pardon involved a violation of bail, probation or parole conditions, please indicate which offense listed above involved the violation and describe the circumstances of such violations:

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**28.** Have you ever been arrested by federal authorities or any other state or local authority, other than Vermont?  YES  NO

If "YES," please list every such arrest, specific charge(s), location of offense, arresting department, the name and location of the court and the disposition. (If necessary, use additional paper.)

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**29.** Have you requested a pardon before?  YES  NO

If "YES," when?

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**30.** Is a Vermont pardon needed before another jurisdiction can act on a pardon?  YES  NO

(If "YES," attach an explanation page and a written statement from the other jurisdiction behind this page.)

**31.** Please explain why you are seeking a pardon. Please be specific in describing your compelling need. If applicable, please 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. (If necessary, use additional paper.)

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**32.** Have you met the requirements outlined in the Governor’s Guidelines for Pardon Consideration?  
 YES    NO

If “NO,” please state the reasons you are requesting the Governor waive these requirements. (If necessary, use additional paper.)

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**34.** How will a pardon substantially aid you in improving your life? (If necessary, use additional paper.)

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**VIII. REFERENCES**

**35.** Have you included with your pardon application at least four (4) letters from persons other than you or members of your family attesting to your good character and reputation? At least one of these letters must verify your compelling and specific need and period of good citizenship.

YES     NO

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

Name	Address	Telephone #	Relationship

**THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
                                  ) ss. )  
COUNTY OF \_\_\_\_\_ )

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 .

**Notary Public**

**My Commission Expires:**

**AUTHORIZATION TO OBTAIN RECORDS AND LIABILITY RELEASE**

This is to certify I have applied for a pardon with the Governor of the State of Vermont and have completed this application fully, truthfully and accurately. I understand that an investigation will be conducted. In consideration of the processing of this application, I,  
\_\_\_\_\_, do hereby agree to the following:

(Full Name of Applicant)

**INFORMATION TO BE RELEASED:** I authorize and request the release of any information, verbal and/or written, including but not limited to information related to current or previous employment, personnel records, criminal records, educational records, any investigative records, credit records, bank records, correctional records, sealed records, confidential records or information previously agreed to be withheld, medical records (including records relating to substance abuse or alcohol abuse), mental health records, opinions of my character or conduct, and any and all information that a person or entity may have concerning me for use in connection with my application for a pardon from the Governor of Vermont. A copy of this authorization shall be valid as an original.

**INFORMATION TO BE RELEASED FROM:** Any person or entity who may have knowledge of me including but not limited to friends, family members, neighbors, acquaintances, co-workers, businesses, previous or current employers, any law enforcement or corrections agency, any mental health or medical organization, clinic, physician, laboratory, pharmacy, hospital, inpatient or outpatient program or facility, any credit reporting bureau, any State agency or department, educational facility or institution, any financial institution, or any other person or entity deemed relevant by the agency or person conducting the background investigation in connection with my application for a pardon, may furnish requested information.

**INFORMATION TO BE RELEASED TO:** The Office of the Governor of the State of Vermont or any other person, department or agency inside or outside the State of Vermont involved with gathering information during the conduct of the investigation in connection with my application for a pardon, may receive said information.

**TAX RECORDS:** I authorize the Office of the Governor to inquire from the State of Vermont Department of Taxes whether my Vermont income tax returns have been timely filed, including appropriate extensions, for the prior five tax years. I authorize the Office of the Governor to inquire from the State of Vermont Department of Taxes whether any enforcement action – including, but not limited to, issuance of a tax warrant, lien, or judgment -- has been taken by the State of Vermont Department of Taxes 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.

**KNOWING AND VOLUNTARY AUTHORIZATION:** This authorization is voluntary, and I am free to decline to sign this document. I understand that if I don't sign this authorization, my application for pardon will not be considered. I understand that I may revoke this authorization at any time by notifying the Governor's Office in writing. However, I cannot undo any action that has already taken place in

reliance on this authorization. I understand that if I revoke this authorization, the investigation relating to my pardon request will terminate.

WAIVER OF LIABILITY: I agree to hold all entities and persons harmless from any liability or claims arising from their furnishing information pursuant to this authorization.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**OATH AND AGREEMENT TO UPDATE**

I, \_\_\_\_\_, being first duly sworn, state as follows:

1. I am eighteen (18) years old or older and I believe in the meaning of an oath.
2. I have not been convicted of any other crimes in the State of Vermont or in any other state or federal jurisdiction other than the offenses listed in this pardon application, and as of this time, I do not have any charges pending against me in the State of Vermont or in any other state or Federal jurisdiction other than those listed above.
3. I agree to notify the Governor’s Office immediately of any other criminal charges brought against me at any time, including after the date of this application.
4. I agree to notify the Governor’s Office immediately of any other changes in or updates to my status or to the answers to the questions in this application.
5. I understand that if the Governor grants me a pardon and then later discovers that any information provided by me on this application or throughout this pardon review process is false, incomplete and/or incorrect, in addition to any criminal or civil penalties that may be imposed against me as a result of my false statements, the Governor may revoke my pardon.
6. I understand that this application, attached materials, and records gathered in connection with investigating this pardon application may be public records subject to disclosure if someone makes a request for them under Vermont’s public records law.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
  ) ss. )  
COUNTY OF \_\_\_\_\_ )

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

**Notary Public**

**My Commission Expires:**