State of Wisconsin Commutation Application

Notice: This application and any materials submitted in support of it may be used for purposes other than consideration for a commutation. Further, the application and materials are subject to public disclosure under Wisconsin's Public Records Law, which means they may be released to members of the public if requested. Wis. Stat. §§ 19.31-19.39.

Eligibility: You are eligible for a commutation only if **all** the following apply to you:

1. You must currently be incarcerated in a correctional institution for a Wisconsin conviction with more than 1 year of your incarceration term remaining.
2. You must have served at least half of your incarceration term or at least 20 years of a life sentence (or of a sentence in excess of 39 years of incarceration).
3. You cannot be currently serving an incarceration term for a sex offense or be required to register as a sex offender (either currently or upon release).
4. You cannot have any unresolved criminal charges or outstanding warrants in any jurisdiction.
5. You cannot have any incidents of violent misconduct within the last 5 years of your current incarceration term.
6. You must not be seeking a commutation for a conviction of any of the following crimes:
    a. Sexual assault
    b. Physical abuse of a child
    c. Sexual exploitation of a child
    d. Trafficking of a child
    e. Incest
    f. Soliciting a child for prostitution

The Commutation Advisory Board will not consider any applications that do not meet the above criteria.

Instructions: Though not required, the Board strongly recommends obtaining assistance to help you apply for a commutation. Below is a list of organizations that could help provide free or low-cost services.

- Legal Action of Wisconsin
- Legal Assistance to Incarcerated People Project

You must answer each question in the application form. If you do not know the answer, please answer to the best of your ability or recollection. Illegible or incomplete applications

will be rejected. If you need more space to answer a question, you can attach additional pages to your application, so long as you are clear about which question you are answering.

Required Documents:

- Application.
- For each crime that you are seeking a commutation, **a certified copy of that case's (1) criminal complaint, (2) information, (3) judgment of conviction, and (4) sentencing transcript.** You can get certified copies from the Clerk of Courts in the county of conviction(s), or the Department of Corrections may provide copies directly to the Governor's Office or the Commutation Advisory Board. Uncertified copies will not be accepted.
- Letters of support or recommendation. Include letters from individuals or organizations who are committed to supporting your potential release and transition out of prison. These may include individuals and organizations willing to provide employment, housing, or treatment following your potential release.

Recommended Documents:

- Any other relevant documents that you would like the Commutation Advisory Board to consider. These may include copies of certificates, trainings, treatments, etc., that you completed while in prison.

Save a copy of your application and any documents you're submitting for your own personal record.

Your application, including the above-listed documents, must be mailed to the following address:

Office of the Governor
Attn: Commutation Advisory Board
P.O. Box 7863
Madison, WI 53707

Process after submission: If you are eligible and your application is complete, Governor's Office staff ("Staff") will then thoroughly review your application. They will also collect additional documents and materials and perform a thorough background check. Staff may reach out to you or your representative for additional information or supplemental materials as they deem necessary. Staff may also seek additional input from the judge, district attorney, defense attorney, and victims from the offense(s) for which you are seeking a commutation. This review may take over a year to complete.

A select group of qualified applicants may be invited to a hearing in front of the Board. If you are invited to a hearing, you will answer questions on your offense, your sentence, your reentry plan, and why you are requesting a commutation. Your name will be forwarded to the Governor for consideration if a majority of the Board's members present at the hearing recommend a commutation. If the Board or Governor deny your application, you will receive a formal denial letter in the mail. If denied, you may not appeal the decision, but you may reapply after 12 months.

Questions? Answers to frequently asked questions about the commutation process are available online on the commutation information page of the Governor's website at

www.evers.wi.gov. Other questions may be emailed to GOVCommutations@wisconsin.gov. Note neither the Office of the Governor nor the Commutations Advisory Board can provide you with legal advice. If you need legal advice, contact your attorney.

Section 1: Personal Information

1. Provide the following personal information:

Name (First Middle Last)	Date of birth (MM/DD/YYYY)

Place of birth (City, State)	Gender *(optional)*
Social Security Number	Race or Ethnicity *(optional)*
DOC Identification Number	Correctional Facility

Alias/maiden/former name(s)	Dates used (MM/YY – MM/YY)

2. Is an interpreter required for communication? Yes ☐ No ☐

   If yes, for which language? _____

Section 2: Criminal History

3. List each crime for which you are seeking a commutation.

Crime	County and court case number	Date of offense
Sentencing date	Sentence received (confinement and supervision)	Time served as of application date

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Sentencing date	Sentence received (confinement and supervision)	Time served as of application date

4. In your own words, describe in detail the crime(s) for which you are seeking a commutation. Explain what happened and why you committed the crime(s). Provide any other information you believe the Commutation Advisory Board should consider related to your criminal activity.

5. Were others convicted, charged, or otherwise involved in the crime(s) for which you are seeking a commutation?

   Yes ☐ No ☐

   If yes, please list their names and what, if anything, they were convicted of:

Name	Conviction (if applicable)

6. Have you previously applied for a commutation for the above crime(s)?

   Yes ☐ No ☐

   If yes, when did you apply? _____

   If yes, did you ever receive a hearing or formal denial? _____

7. Do you have a projected release date? Yes ☐ No ☐

   If yes, when is it? _____

8. Do you have a parole eligibility date? Yes ☐ No ☐

   If yes, when is it? _____

9. For the above crimes, have you been released to parole, probation, or extended supervision, and then later revoked? Yes ☐ No ☐

   If yes, please explain what happened.

10. Have you ever been convicted of any crimes other than those listed above? This includes juvenile adjudications, expunged or sealed convictions, and convictions from other places, such as from other states or federal convictions.

Yes ☐ No ☐

If yes, provide the following information.

Crime	Court case number	County of conviction	Sentence received (confinement and supervision)	Date sentence completed

For any of the above crimes, were you ever released to parole, probation, or extended supervision, and then later revoked? Yes ☐ No ☐

If yes, please explain what happened.

11. Have you had any other interactions with law enforcement? This includes prior arrests that did not lead to charges, deferred judgments, criminal charges that were later dropped or dismissed, or instances where you have been the subject of criminal investigations. Yes ☐ No ☐

If yes, please explain in your own words, including the date, county, and circumstances.

12. Has anyone ever gotten a restraining order or order of protection against you?

Yes ☐ No ☐

If yes, explain what happened and when.

Section 3: Prison Conduct Record

13. List all disciplinary tickets, write-ups, etc. you have received while in prison in the last ten years.

Date of misconduct	Type of misconduct	Disciplinary action received

14. For any tickets related to violent behavior, please provide a description below.

Section 4: Grounds for a Commutation

15. Provide the reasons you believe you should be considered for a commutation, including how a commutation would assist with your rehabilitation and benefit the community.

16. Provide the highest grade you completed or the degree you received prior to your sentence: _____

17. If you served in the military, provide the particulars of your service, including the dates of service, the branch of service, rank or rate, and type of discharge received.

18. List any programs, treatment, degrees, certificates, training, or other achievements you have completed while in prison.

19. Have any employment opportunities been made available to you while in prison?

Yes ☐ No ☐

If yes, describe any employment you have had while in prison and include your employment dates.

20. Describe any other steps or actions that you have not mentioned so far that you have taken while in prison.

21. Briefly describe any re-entry plans you have following your release from prison, including possible housing options, income sources, treatment plans, education and employment goals, etc.

Section 5: Notice of Commutation Application

22. You must provide notice of your commutation application to the circuit court and district attorney's office that oversaw your conviction(s).

    To satisfy this notice requirement, complete and mail a notice form (provided below) to each Clerk of Courts and each District Attorney's Office that oversaw the conviction(s) for which you are seeking a commutation. If you are seeking a commutation for convictions in multiple counties, you must send the Clerk of Courts and District Attorney's Office from each county these forms. It is *strongly encouraged* that you provide the Clerk of Courts and District Attorney's Office a copy of your application materials or a cover letter on why you are seeking a commutation. This information is highly beneficial to them when providing input.

    I attest that I sent the notice forms to the Clerk of Courts and District Attorney's Offices that oversaw my conviction(s). Yes ☐ No ☐

Section 6: Background Check and Other Authorization

By signing this form, I authorize the State of Wisconsin to conduct a background investigation and verify the information provided above. I also authorize the Department of Corrections to release any confinement, supervision, medical, educational, employment, court, and/or juvenile records to the Office of the Governor, any designee tasked with evaluating commutation applications, and the Commutation Advisory Board. In connection with this consent, I authorize the use of law enforcement agencies and/or private background check organizations to assist in collecting this information. I also authorize and request any present or former employer, school, police department, financial institution or other person(s) with personal knowledge of me to provide the requestor with any and all information in their possession regarding me in connection with my application for commutation. Additionally, I authorize the Board and/or the Governor's Office to contact the Clerk of Courts and District Attorney's Office directly to solicit input and information directly, which may include my application materials. I understand this is not a substitute for providing my notice forms to the Clerk of Courts and District Attorney's Office. I authorize that a photocopy of this authorization be accepted with the same authority as the original.

Applicant signature: _____ Date: _____

Section 7: Certification

I certify, under the penalty of perjury, that the information in this application is true and correct to the best of my knowledge and that I have complied with the above Section 5 notice requirements.

Applicant signature: _____Date: _____

Applicant must sign in the presence of a Notary Public.

FOR NOTARY USE ONLY:

Subscribed and sworn before me this _____ day of _____, 20___

Notary public signature: _____

My commission is permanent/expires: _____

FOR PREPARER USE ONLY:

To be completed and signed if application was completed by someone other than the applicant.

Preparer's Printed Name: _____

Preparer's Signature: _____ Date: _____

Notice to Court of Commutation Application

TO THE APPLICANT: Fill out the information below. Mail this form to the Clerk of Courts in each county of your conviction(s). You must mail this notice form for every conviction you seek to have a commutation. This form must be provided to the Clerk of Courts at least three weeks before any hearing on your application before the Governor's Commutation Advisory Board. Do not submit this form with your commutation application. It is *strongly encouraged* that you provide the Clerk of Courts a copy of your application materials or a letter on why you are seeking a commutation. This information is highly beneficial to them when providing input. Please make sure to include both pages of this form when sending to the Clerk of Courts.

Applicant name	Date of birth (MM/DD/YYYY)
Mailing address	Phone number and email address

Date the applicant mailed this form: _____

The applicant is seeking a commutation for the following crime(s):

Crime	Court case number	Sentence	Sentencing date (MM/DD/YYYY)	Time served as of mailing date

Commutation applicant: do not fill out anything beyond this point.

Notice to Court of Commutation Application

TO THE JUDGE: The Governor and the Governor's Commutation Advisory Board request your opinion on whether the above-named applicant should be granted a commutation. A commutation does not necessarily mean immediate release from prison and could include a reduction or modification of a sentence. Your support or opposition to a commutation will be given significant weight by the Governor and the Board. If you have questions, or would like to participate in any applicable hearing, please email GOVCommutations@wisconsin.gov. This applicant may be considered by the Commutation Advisory Board on a date three weeks from the mailing date listed above or later; a specific date of hearing can be obtained by emailing GOVCommutations@wisconsin.gov. Thank you for your assistance.

Judge's comments *(Support / Oppose / No Opinion)*		
Judge's name (print)	Judge's signature	Date

Please mail or email the completed original form to:

Office of the Governor
Attn: Commutation Advisory Board
P.O. Box 7863
Madison, WI 53707

or GOVCommutations@wisconsin.gov, and a copy to the applicant at the mailing address or email address listed above.

Notice to District Attorney of Commutation Application

TO THE APPLICANT: Fill out the information below. Mail this form to the District Attorney's Office in each county of your conviction(s). You must mail this notice form for every conviction you seek to have a commutation. This form must be provided to the District Attorney's Office at least three weeks before any hearing on your application before the Governor's Commutation Advisory Board. Do not submit this form with your commutation application. It is *strongly encouraged* that you provide the District Attorney's Office a copy of your application materials or a letter on why you are seeking a commutation. This information is highly beneficial to them when providing input. Please make sure to include both pages of this form when sending to the District Attorney's Office.

Applicant name	Date of birth (MM/DD/YYYY)
Mailing address	Phone number and email address

Date the applicant mailed this form: _____

The applicant is seeking a commutation for the following crime(s):

Crime	Court case number	Sentence	Sentencing date (MM/DD/YYYY)	Time served as of mailing date

Commutation applicant: do not fill out anything beyond this point.

Notice to District Attorney of Commutation Application

TO THE DISTRICT ATTORNEY: The Governor and the Governor's Commutation Advisory Board request your opinion on whether the above-named applicant should be granted a commutation. A commutation does not necessarily mean immediate release from prison and could include a reduction or modification of a sentence. Your support or opposition to a commutation will be given significant weight by the Governor and the Board. If you have questions, or would like to participate in any applicable hearing, please email GOVCommutations@wisconsin.gov. This applicant may be considered by the Commutation Advisory Board on a date three weeks from the mailing date listed above or later; a specific date of hearing can be obtained by emailing GOVCommutations@wisconsin.gov. Thank you for your assistance.

DA's or ADA's comments *(Support / Oppose / No Opinion)*		
DA's/ADA's name (print)	DA's/ADA's signature	Date

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