



Tony Evers

Office of the Governor | State of Wisconsin

State of Wisconsin Pardon Application

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

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

1. You are seeking a pardon for a Wisconsin felony conviction.
2. You have completed your entire sentence at least five (5) years ago. This means you:
 - a. Completed all confinement; and
 - b. Completed supervised release (e.g., probation, parole, or extended supervision).
3. You have not been convicted of any new criminal offense since you completed your sentence, and you are not currently subject to any pending criminal charges. This includes offenses and charges in any jurisdiction.
4. You are not currently required to register as a sex offender under Wis. Stat. § 301.45.

The Pardon Advisory Board will deny, without a hearing, any applications that do not meet the above criteria. You will be notified if your application is denied due to ineligibility.

Directions: You must answer each question in the application. Illegible or incomplete applications will not be processed. If you need additional space to fully answer a question, attach additional pages to your application and clearly identify which questions you are addressing. Your application and accompanying materials **must** be mailed to the following address:

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

Prior to submission, make a copy of your completed application and all attachments for your records. Applicants must notify the Pardon Advisory Board of any changes in contact information.

Applications may be prepared by someone other than the applicant only with the express permission of the applicant. Use of a preparer does not relieve an applicant from the requirement of certification below.

Process after submission: If your application is deemed eligible and complete, you may be scheduled for a pardon hearing before the Pardon Advisory Board. At the hearing, you will have approximately fifteen (15) minutes to answer questions about the crime(s) you committed, the current state of your life, and why you deserve a pardon. The hearings are open to the public. Your application will only be forwarded to the Governor for consideration if the Pardon Advisory Board recommends a pardon.

Due to high demand, please be aware that it may take months for action on your pardon application.

Inquiries: Frequently asked questions are addressed on the Governor’s Pardon Advisory Board website: www.evers.wi.gov/Pages/pardon-information.aspx

Section 1: Personal Information

1. Provide the following personal information:

Name (First Middle Last)		Date of birth (MM/DD/YYYY)
Email address		Home phone
Work phone	Cell phone	
Place of birth (City, State)	Gender (optional)	
Social Security Number	Race (optional)	
Home address	Mailing address	

Maiden/alias/former name(s)	Dates used (MM/YY – MM/YY)

Section 2: Criminal History

2. List each crime for which you are seeking a pardon. *Attach additional pages if necessary.*

Crime	Court case number	County of conviction
Date of offense	Sentencing date	Sentence received (confinement and supervision)
Date you completed your sentence	District attorney(s) who oversaw your conviction	Judge(s) who presided over your conviction

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3. For each crime listed above, attach a certified copy of: (1) the criminal complaint, (2) the information or indictment, and (3) the judgment of conviction. Certified copies may be obtained from the Clerk of Courts in the jurisdiction of conviction. Uncertified copies will not be accepted.
4. Have you ever been convicted of any crimes other than those listed above? This includes juvenile adjudications, convictions that have been expunged or sealed, and convictions from other jurisdictions, such as from other states or federal convictions.

Yes No

If yes, provide the following information. *Attach additional pages if necessary.*

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

5. Were you ordered to pay restitution or court costs for any of the crimes listed above in response to Questions 2 and 4? Yes No

If yes, have you paid the full amount ordered? Yes No

6. Have you ever applied for clemency/pardon for the crimes listed above in response to Questions 2? Yes No

If yes, please provide the date of the request (MM/YYYY): _____

Did you ever receive a hearing or formal denial? If so, please describe and provide the date of the hearing and/or receipt of formal denial:

7. Except for the crime(s) listed for Questions 2 and 4, have you had any other interactions with law enforcement, such as: prior arrests, deferred judgments, criminal charges that were later dropped, or instances where you have been the subject of criminal investigations. If yes, explain the interaction(s) in your own words, including the date and the circumstances which lead to the contact(s). *Attach additional pages if necessary.*

8. Have you ever been subjected to a restraining order or order of protection? If yes, explain the circumstances in your own words, including the dates you were subject to the order(s). *Attach additional pages if necessary.*

Section 3: Grounds for a Pardon

9. In your own words, describe in detail the crime(s) for which you are seeking a pardon. Explain the circumstances surrounding the crime(s), why you committed the crime(s), and any other information you believe the Pardon Advisory Board should consider related to the criminal activity. *Attach additional pages if necessary.*

10. Describe the reason(s) why you want a pardon, including whether the pardon is necessary for a specific occupational license or other professional reasons. A generalized desire to have a “clear record” is insufficient, so specificity is encouraged. *Attach additional pages if necessary.*

11. Describe any other reason(s) why a pardon should be granted, such as: the length of time since conviction, the lack of subsequent criminal contacts, personal development and growth since conviction, additional documented need for a pardon, etc. *Attach additional pages if necessary.*

12. List your employment history since you were released from confinement, including periods of unemployment. *Attach additional pages if necessary.*

Employer	Position held	Employer address and phone number	Name of supervisor	Dates of employment

13. List the highest grade you completed or the degree you received: _____

14. Describe education you received since conviction. List all courses, programs, certificates, or degrees completed, including prison programs. Transcripts, diplomas, or other documentation may be attached, but are not necessary. *Attach additional pages if necessary.*

15. Describe any community service, activities, or volunteer work you have participated in since conviction. *Attach additional pages if necessary.*

16. Describe any treatment or counseling you have participated in since conviction. *Attach additional pages if necessary.*

17. Describe any other steps or actions you have taken since conviction to address your criminal behavior. *Attach additional pages if necessary.*

18. Attach letters of recommendation. *Optional but strongly encouraged.*

19. Enclose any other relevant documents that you would like the Pardon Advisory Board to consider. *Optional.*

Section 4: Notice of Pardon Application

20. You must complete and mail a notice form (provided below) to each judge who presided over your conviction(s) and each district attorney who oversaw your conviction(s). If you cannot locate the specific judge(s) who presided over your case, you must provide notice to the Clerk of Courts in the county of conviction. If you cannot locate the specific district attorney(s) who prosecuted your case, you must still provide notice to the District Attorney’s Office in the county of conviction.

Section 5: Background Check 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 or supervision records to the Office of the Governor, any designee tasked with evaluating pardon applications, and the Pardon 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 pardon. I authorize that a photocopy of this authorization be accepted with the same authority as the original.

Applicant signature: _____ Date: _____

Section 6: 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 4 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: _____

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

Preparer’s Printed Name: _____

Preparer’s Signature: _____ Date: _____

Section 7: Application Checklist

Directions: Before submitting your pardon application, review the checklist below and check each item. Submit this form along with your application. *Incomplete applications will be rejected.*

Questions	Yes	No
I meet all eligibility criteria.		
I have provided a complete and thorough answer to every question on the pardon application.		
I have kept a copy of the pardon application in its entirety for my own records.		
I enclosed the following materials with my application:	Yes	No
The <i>certified</i> criminal complaint for <i>each</i> crime for which I am seeking a pardon.		
The <i>certified</i> indictment or information for <i>each</i> crime for which I am seeking a pardon.		
The <i>certified</i> judgment of conviction for <i>each</i> crime for which I am seeking a pardon.		
Letters of recommendation. (<i>Optional but recommended</i>)		
Other relevant documents. (<i>Optional</i>)		
Application checklist.		
I have mailed notice forms to the parties listed below informing them of my pardon application. (Do not submit the notice forms with your application. Mail them directly to the parties listed below.)	Yes	No
The judge(s) who presided over my conviction(s).		
The district attorney(s) in the county of my conviction(s).		

Mail your completed application to:

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

Notice to Judge of Pardon Application

TO THE APPLICANT: Fill out the information below. Mail this form directly to the judge who presided over your conviction. You must mail this notice form to the judge for every conviction you seek to have pardoned. If you cannot locate the judge, mail the form to the Clerk of Courts in the county of conviction. Do not submit this form with your pardon application. The completed, original form must be submitted by the judge or Clerk of Courts.

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

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

Crime	Court case number	Sentence	Sentencing date (MM/DD/YYYY)

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

TO THE JUDGE: The Governor and the Governor’s Pardon Advisory Board request your opinion on whether the above-named applicant should be granted a pardon. Your support or opposition to a pardon will be given significant weight by the Governor and the Board. If you have questions, please call (608) 266-1212. Thank you for your assistance.

Judge’s comments (<i>Support / Deny / No Opinion</i>)		
Judge’s name (print)	Judge’s signature	Date

Please mail the completed original form to: Office of the Governor, Attn: Pardon Advisory Board, P.O. Box 7863, Madison, WI 53707, and a copy to the applicant at the mailing address listed above.

Notice to District Attorney of Pardon Application

TO THE APPLICANT: Fill out the information below. Mail this form directly to the District Attorney's Office in the county of conviction. You must mail this notice form to the District Attorney for every conviction you seek to have pardoned. Do not submit this form with your pardon application. The completed original form must be submitted by the District Attorney's Office.

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

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

Crime	Court case number	Sentence	Sentencing date (MM/DD/YYYY)

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

TO THE DISTRICT ATTORNEY OR ASSISTANT DISTRICT ATTORNEY: The Governor and the Governor's Pardon Advisory Board request your opinion on whether the above-named applicant should be granted a pardon. Your support or opposition to a pardon will be given significant weight by the Governor and the Board. If you have questions, please call (608) 266-1212. Thank you for your assistance.

DA's or ADA's comments (<i>Support / Deny / No Opinion</i>)		
DA's/ADA's name (print)	DA's/ADA's signature	Date

Please mail the completed original form to: Office of the Governor, Attn: Pardon Advisory Board, P.O. Box 7863, Madison, WI 53707, and a copy to the applicant at the mailing address listed above.