



STATE OF TENNESSEE

DON SUNDQUIST  
GOVERNOR

GOVERNOR'S GUIDELINES FOR PARDONS,  
COMMUTATIONS & REPRIEVES

Issued by Governor Don Sundquist

February 23, 1996

As Amended September 13, 1999

To the Board of Probation and Parole:

Article 3, Section 6 of Tennessee's Constitution provides that the governor shall have the power to grant pardons. The governor also has the power to grant reprieves and commutations. T.C.A. Section 40-27-101. Pursuant to T.C.A. Section 40-23-104(a)(9), the Governor hereby requests the Tennessee Board of Probation and Parole (hereinafter the "Board") to consider and to make nonbinding recommendations concerning requests for pardons, commutations and reprieves. The Board shall have the discretion to make either favorable or unfavorable recommendations. In order to provide guidance to the Board in reviewing petitions for pardons, commutations and reprieves, and in making its recommendations to the Governor, the Governor has established the guidelines set forth below.

The Governor will consider petitions for relief forwarded to him by the Board. The Governor will notify the Board in writing of the Governor's final determination upon a petition submitted to him by the Board. The Board shall advise the petitioner of the Governor's final determination upon a petition submitted to the Governor. At any time before making a final determination on a petition, the Governor may return a petition to the Board for further action, request further information, or both.

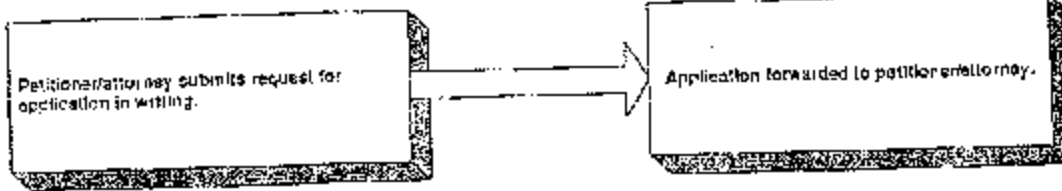
These guidelines are advisory only and do not create any enforceable rights in the petitioner, nor do they restrict the Governor in the execution of his powers. The Governor expressly reserves the right to waive any of the non-statutory provisions set forth in these guidelines in any case deemed worthy of special consideration, due to extraordinary circumstances. The Governor also expressly reserves the right to deny a petition for relief even though the petitioner meets the requirements of these advisory guidelines if the Governor deems that such a denial is warranted.

While the Governor herein requests the Board to make nonbinding recommendations with respect to executive clemency applications, nothing herein shall be construed to require that the Governor receive or request a recommendation from the Board prior to acting upon an application for executive clemency.

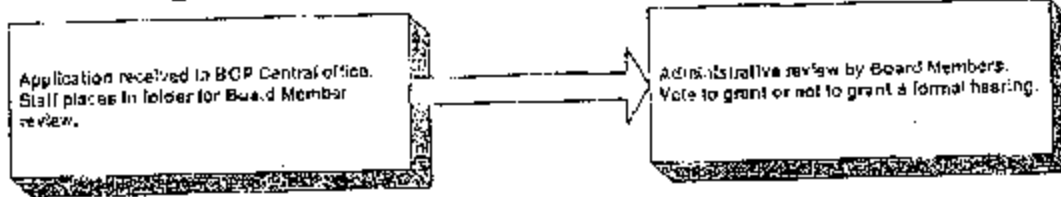
State Capitol, Nashville, Tennessee 37243-0001  
Telephone No. (615) 741-2001

# Clemency Application Process

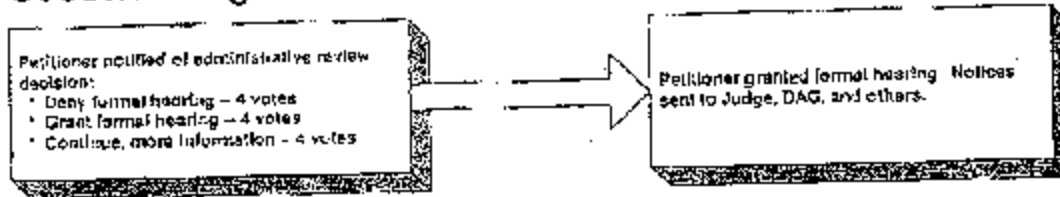
## Initial Process



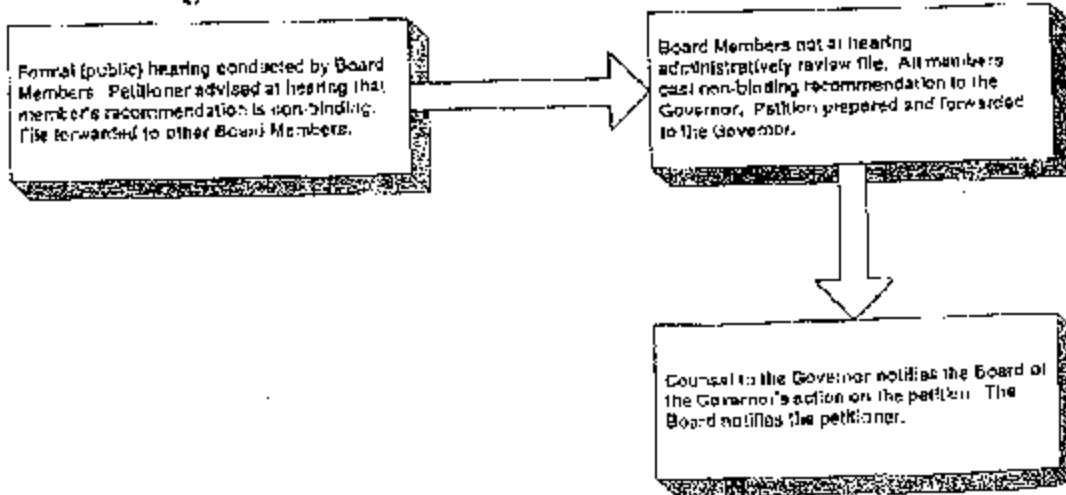
## First Stage of Formal Process



## Second Stage of Formal Process



## Third Stage of Formal Process





## EXECUTIVE CLEMENCY INSTRUCTION SHEET

**READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.  
INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.**

In completing the Executive Clemency applications for Pardon/Commutation, the petitioner should send a cover letter attached to the front of the application specifying what type of relief he/she is requesting. An example would be "I am seeking a Pardon of my burglary 2<sup>nd</sup> degree conviction that will allow me to enter a specific profession." An example of a Commutation in a non-capital sentence would be, "I am requesting a commutation of sentence to make me eligible for parole consideration or to have my sentence served concurrent or reduction of my total sentence." An example of Commutation in a capital case would be, "I am requesting a commutation of my sentence of death to life without parole in the penitentiary."

1. Type or Print all responses to each question legibly.
2. Answer every question, even if your response is "N/A" (Not Applicable).
3. Applicants must submit all verifying information, **DO NOT** refer to the Board of Pardons for sources of verification. The Board does not investigate applications for a Commutation unless the Board has accepted the application for review.
4. Each completed application must be notarized.
5. If documents have been submitted in the past, the applicant must re-submit current information with each application.
6. The application should only be accompanied by the designated information as specified in the Governor's criteria.
7. Applicant will be notified in writing when the Board has determined if the application meets the Governor's criteria.
8. If the Board declines an application, the reason for denial will be given, as well as, when the applicant may re-apply.
9. If the Board determines the need, anyone listed on your application may be contacted.
10. Each application must contain the applicant's signature unless the applicant is physically or mentally incapable of signing, and such is documented in a cover letter with the application.



STATE OF TENNESSEE  
TENNESSEE BOARD OF PROBATION AND PAROLE  
404 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-0850  
(615) 741-1150 FAX (615) 741-5337

## APPLICATION FOR COMMUTATION

I, \_\_\_\_\_, am hereby applying for a Commutation. I understand that I must meet all of the Governor's criteria as established.

I further understand that meeting the requirements set forth in these guidelines is merely a threshold inquiry in the consideration for Commutation relief. The final determination of whether a Commutation will be granted lies with the Governor after a review of the petition and the nonbinding recommendation of the Board. The availability of commutation of sentence is not intended to serve and will not serve as a review of the proceedings of the trial court or the guilt or innocence of the petitioner.

In order to provide guidance to the Board in reviewing commutation petitions and in making its nonbinding recommendations to the Governor, the Governor has established the following criteria:

### I. COMMUTATION (NON-CAPITAL SENTENCES)

The Governor will give serious consideration to Commutation request where the petitioner has demonstrated, by clear and convincing evidence that:

- a. The petitioner has made exceptional strides in self-development and self-improvement, and would be a law-abiding citizen; and either
  - i. Petitioner is suffering from a life-threatening illness or has a severe chronic disability, said illness or disability is supported by appropriate medical documentation, and the relief requested would mitigate said illness or disability; or
  - ii. Petitioner's parent, spouse or child has a life-threatening illness, said illness is supported by appropriate medical documentation, and the petitioner is the only person able to assist in the care of such person; or
  - iii. Petitioner has been rehabilitated, is no longer a threat to society, has demonstrated, to the extent his age and health permit, a desire and an ability to maintain gainful employment and fairness supports the petitioner's application.

Written documentation in support of Criterion 1.(a)(i) and Criterion 1.(a)(ii) should be from a licensed attending physician/mental health professional.

Written documentation in support of Criterion 1(a)(iii) should be letters or other written statements from the Department of Correction's officials, family/friends or community leaders, county or state officials.

Petitioners eligible for medical furloughs are excepted from falling within Section 1(a)(i) and 1(a)(ii) above.

## II. COMMUTATIONS (CAPITAL SENTENCES).

The Governor will also give serious consideration to commutation requests based upon the following statutory grounds:

1. Pursuant to T.C.A. Section 40-27-106, upon application for a pardon by a person sentenced to capital punishment, if the Governor is of opinion that the facts and circumstances adduced are not sufficient to warrant a total pardon, the Governor may commute the punishment of death to imprisonment for life in the penitentiary or imprisonment for life without parole in the penitentiary.
2. Pursuant to T.C.A. Section 40-27-106, the Governor may commute the punishment from death to imprisonment for life or imprisonment for life without parole, upon the certificate of the supreme court, entered on the minutes of the court, that in its opinion, there were extenuating circumstances attending the case, and that the punishment ought to be commuted.

## III. REPRIEVES.

The final determination of whether a reprieve will be granted lies with the Governor after a review of the petition and the nonbinding recommendation of the Board.

The Governor will give serious consideration to reprieve request where the petitioner has been sentenced to death and has exhausted all possible judicial remedies.

**GENERAL INFORMATION**

NAME: \_\_\_\_\_

LIST ALIAS(IF ANY): \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_ RACE  SEX  SS#

TDOC/TOMIS NUMBER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**CRIMINAL INFORMATION**

HAVE YOU EVER ESCAPED? YES  NO

IF YES, DATE OF ESCAPE \_\_\_/\_\_\_/\_\_\_

WERE YOU CONVICTED OF ANY OFFENSES WHILE ON ESCAPE? YES  NO

IF YES, LIST WHAT OFFENSE(S) BELOW:

<u>OFFENSE(S)</u>	<u>SENTENCE(S)</u>	<u>COUNTY OF CONVICTION</u>	<u>YEAR OF CONVICTION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE ANY OUTSTANDING CHARGES (DETAINERS/WARRANTS)? YES  NO

IF YES, LIST CHARGING AGENCY: \_\_\_\_\_

ALLEGED OFFENSE(S): \_\_\_\_\_

DO YOU HAVE ANY UNPROCESSED SENTENCE(S)? YES  NO  (IF YES LIST BELOW):

<u>OFFENSE(S)</u>	<u>SENTENCE(S)</u>	<u>COUNTY OF CONVICTION</u>	<u>YEAR OF CONVICTION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INSTITUTIONAL INFORMATION**

CUSTODY LEVEL: \_\_\_\_\_ ARE YOU EARNING SENTENCE CREDITS? Yes  No

IF YES, MONTHLY CREDITS: \_\_\_\_\_

IF NO EXPLAIN: \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A CLASS A/B DISCIPLINARY INFRACTION WITHIN THE LAST FIVE (5) YEARS? YES  NO  IF YES, LIST BELOW:

OFFENSE	CONVICTION DATE	DISPOSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST PROGRAM PARTICIPATION BELOW:

PROGRAM NAME	COMPLETION DATE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**PAROLE INFORMATION**

HAVE YOU HAD A PAROLE HEARING? YES  NO   
IF YES, DATE OF HEARING: \_\_\_\_/\_\_\_\_/\_\_\_\_

HAVE YOU EVER BEEN RELEASED ON PAROLE? YES  NO   
IF YES, DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DID YOU VIOLATE PAROLE? YES  NO   
IF YES, DATE OF REVOCATION HEARING: \_\_\_\_/\_\_\_\_/\_\_\_\_

HAVE YOU PREVIOUSLY APPLIED FOR A COMMUTATION? YES  NO   
IF YES, GIVE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**EDUCATIONAL INFORMATION**

HIGHEST LEVEL OF EDUCATION COMPLETED: \_\_\_\_\_

LIST VOCATIONAL TRAINING AND DATES ATTENDED:

PROGRAM NAME	COMPLETION DATE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SUBMIT COPIES OF YOUR DIPLOMA, DEGREE(S), CERTIFICATE(S) OR CURRENT PROFESSIONAL LICENSE

**MILITARY INFORMATION**

BRANCH OF SERVICE: \_\_\_\_\_

SERVICE DATE: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

LIST THE TYPE OF COMMENDATION OR DECORATIONS RECEIVED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUBMIT A COPY OF YOUR DISCHARGE WITH YOUR APPLICATION



I, affirm that I have read or, or had read to me and understand the instructions, questions and statements within this application; that it has been completed in its entirety; that ALL responses made in the application, or attached to the application, are true and correct to the best of my knowledge; that in my judgment I meet ALL the criteria on which this application is based and apply for a Commutation under the criteria noted in this application.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, \_\_\_\_\_ the undersigned officer,  
personally appeared \_\_\_\_\_

known to me (or satisfactory proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purpose herein contained. In witness whereof, I hereunto set my hand and official seal.

Witness my hand, this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

My Commission Expires: \_\_\_\_\_

Seal

If this application was completed by someone other than the applicant, the person completing the application must provide their name, address, telephone number, and relationship to the applicant in the space provided below.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PREPARED'S SIGNATURE \_\_\_\_\_

RELATIONSHIP TO OFFICER \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_