



OFFICE OF THE POST-CONVICTION DEFENDER  
460 James Robertson Parkway - 2nd Floor  
Nashville, Tennessee 37243  
Office: (615) 741-9331  
Direct: (615) 253-1986  
Fax: (615) 741-9430

August 23, 1999


Ms. Donna Drake  
Tennessee Board of Paroles  
404 James Robertson Parkway  
Suite 1300  
Nashville, Tennessee 37243-0850

Dear Ms. Drake:

Please forward to me at the above address a petition for clemency and any regulations, policies, practices, and/or procedures that govern the clemency process.

Thank you.

Sincerely,

  
Christopher M. Minton

**RECEIVED**

SEP 10 1999

OFFICE OF THE POST-  
CONVICTION DEFENDER



STATE OF TENNESSEE  
BOARD OF PROBATION AND PAROLE  
404 JAMES ROBERTSON PARKWAY SUITE 1300  
NASHVILLE, TENNESSEE 37243-0850  
Phone: (615) 741-1673\*(615) 741-5337

September 7, 1999

Office of the Post Conviction Defender  
Christopher M. Minton  
460 James Robertson Parkway-2<sup>nd</sup> Floor  
Nashville, Tennessee 37243

Dear Mr. Minton:

Enclosed please find the Executive Clemency pardon application(s) you requested. If you need any further help please contact me.

Sincerely,

  
Donna F. Drake  
Clerk III

cc: File



STATE OF TENNESSEE  
**BOARD OF PAROLES**  
404 JAMES ROBERTSON PARKWAY SUITE 1300  
NASHVILLE, TENNESSEE 37243-0950 (615)741-1673

**MEMORANDUM**

**TO:** Petitioners for Executive Clemency  
**FROM:** Charles Traugber, Chairman  
**DATE:** July 12, 1996  
**RE:** Clemency Applications

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In completing the clemency application form for either a pardon or a commutation of sentence, the applicant should send a cover letter attached to the front of the application specifying what type relief he or she is requesting.

An example would be: "I am seeking a pardon of my burglary 2nd degree conviction that will allow me to enter a specific profession." An example of commutation would be: "I am requesting a commutation of sentence to make me eligible for parole consideration or, to have my sentence served concurrently, or reduction of my total sentence."

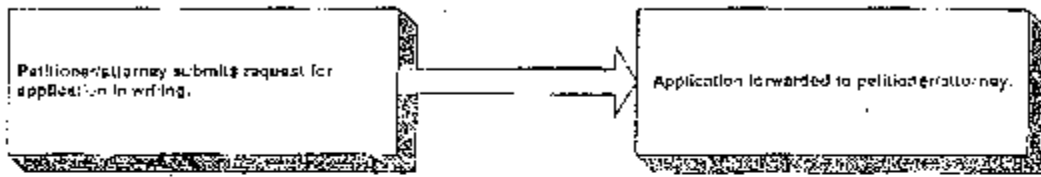
Applicants who are incarcerated should contact the Institutional Parole Officer for additional instructions if they have questions regarding completion of a commutation application.

CT/dd

cc Board Members  
Executive Director of Paroles  
Director of Board Operations  
Regional Directors

# Clemency Application Process

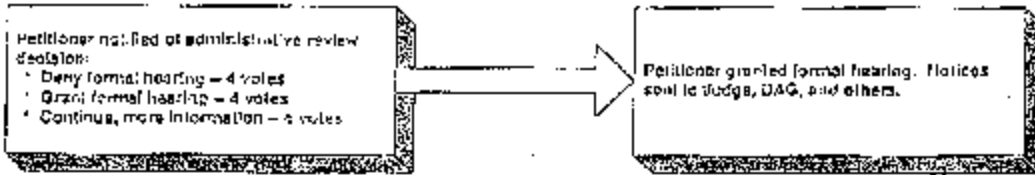
## Initial Process



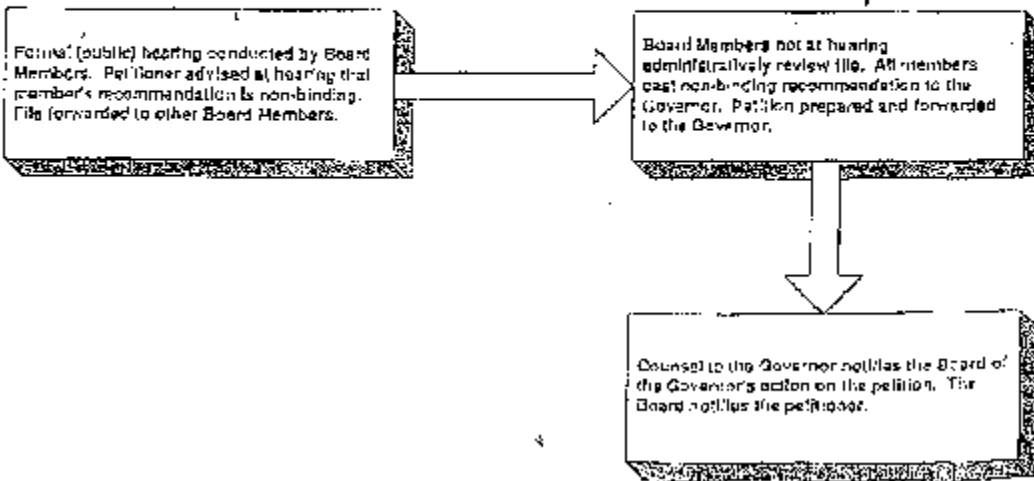
## First Stage of Formal Process



## Second Stage of Formal Process



## Third Stage of Formal Process





**STATE OF TENNESSEE**

**Don Sundquist**  
Governor

**GOVERNOR'S GUIDELINES FOR PARDONS,  
COMMUTATIONS & REPRIEVES**

Issued by Governor Don Sundquist

February 23, 1996

To the Board of Paroles:

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 40-28-104(a)(9), the Governor hereby requests the Tennessee Board of Paroles (hereinafter the "Board") to consider and to make non-binding 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 of the any 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 guidelines if the Governor deems that such a denial is warranted.

While the Governor herein requests the Board to make non-binding 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

## APPLICATION FOR PARDON INSTRUCTION SHEET

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

1. Type or Print all responses to each question legibly.
2. Answer every question, even if your response is "N/A" (Not Applicable).
3. Petitioners must submit all verifying information, DO NOT list sources the Board of Pardons should contact for verification. The Board does not investigate applications unless a hearing is granted.
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. You 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. Anyone listed on your application may be contacted.
10. Each application must contain the petitioner's signature unless the petitioner is physically or mentally incapable of signing, and that is documented with a cover letter.



STATE OF TENNESSEE  
TENNESSEE BOARD OF PAROLES  
404 JAMES ROBINSON PARKWAY, SUITE 1300  
NASHVILLE, TN 37243-0850  
(615) 741-1150  
FAX (615) 741-5337



## APPLICATION FOR PARDON

I, \_\_\_\_\_ am hereby applying for a Pardon, and I understand that I must meet all the Governor's criteria listed below:

1. The Governor will give serious consideration to Pardon requests where:
  - a) The Petitioner has been neither convicted, nor confined under sentence, nor placed under community supervision within five (5) years since the completion of the sentence(s) from which he seeks a pardon; and
  - b) The petitioner has demonstrated good citizenship since the completion of the sentence(s) from which he seeks a pardon which shall mean both specific achievements and incident-free behavior; and
  - c) The petitioner has demonstrated with proper verification, a specific and compelling need for a pardon.
2. The petitioner has the obligation to provide written verification of good citizenship, and of a compelling and specific need in conjunction with 1(b) and 1(c) above. The demonstration of good citizenship shall, among other things, include written communication from at least five (5) persons other than the petitioner or a member of the petitioner's family verifying the period of good citizenship. In addition, the demonstration of a compelling and specific need for a pardon must be verified, in writing, by at least one (1) source other than the petitioner, or a member of the petitioner's family; provided, however, the Board may waive this requirement if the circumstances warrant. Generally, the need for a pardon will not be found compelling when other provisions of the law provide appropriate relief for the petitioner.

I further understand that meeting the requirements set forth in these guidelines is merely a threshold inquiry in the consideration for pardon relief. The final determination of whether a pardon will be granted lies with the Governor after a review of the petition and the recommendation of the Board. Before a petition for a pardon is considered by the Board, the petitioner shall have completed his/her sentence, including any community supervision.



**GENERAL INFORMATION**

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

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

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

DRIVER LICENSE NUMBER:  STATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

LIST TELEPHONE NUMBER(S) WHERE YOU MAY BE REACHED :

AREA CODE/HOME

AREA CODE/DAY TIME OR WORK

PLEASE CHECK THE BOX THAT APPLIES TO YOUR STATUS:

SINGLE  MARRIED  DIVORCED  WIDOWED

IF MARRIED, DATE OF MARRIAGE: --

NAME OF SPOUSE: \_\_\_\_\_

SPOUSE'S EMPLOYMENT: \_\_\_\_\_

EMPLOYER'S NAME

(AREA CODE) TELEPHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

LIST ALL CHILDREN AND AGES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHO HAS CURRENT CUSTODY OF CHILDREN? \_\_\_\_\_

RELATIONSHIP TO CHILDREN: \_\_\_\_\_

DO YOU HAVE ANY OUTSTANDING COURT ORDERS REGARDING CHILD SUPPORT?

YES  NO

**IF YES PROVIDE A CERTIFIED COPY OF THE COURT ORDER**

**CRIMINAL INFORMATION**

LIST YOUR TENNESSEE DEPARTMENT OF CORRECTIONS I.D. NUMBER, OR PROBATION I.D. NUMBER: \_\_\_\_\_

IF YOU DID NOT RECEIVE A TDOC NUMBER, GIVE YOUR JAIL I.D.: \_\_\_\_\_

BELOW LIST ALL PRIOR FELONY CONVICTIONS, INCLUDING JUVENILE RECORD:

<u>AGE</u>	<u>DATE</u>	<u>CONVICTION</u>	<u>STATE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SUBMIT A ONE (1) PAGE NARRATIVE SUMMARY OF YOUR PARTICIPATION IN THE CRIME FOR WHICH YOU ARE REQUESTING A PARDON.**

**THE FOLLOWING INFORMATION MUST BE COURT CERTIFIED AND SUBMITTED WITH YOUR APPLICATION :**

- COPIES OF CONVICTIONS/JUDGMENTS
- A COPY OF THE ORDER GRANTING PROBATION
- A COPY OF THE ORDER OF DISCHARGE FROM PROBATION, OR PAROLE
- A COPY OF YOUR CRIMINAL HISTORY

**EDUCATIONAL INFORMATION**

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

LIST VOCATIONAL TRAINING AND DATES ATTENDED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUBMIT COPIES OF YOUR DIPLOMA, DEGREES, CERTIFICATES, OR CURRENT PROFESSIONAL LICENSE.**

**MILITARY INFORMATION**

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

SERVICE DATE:    /   /   

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

LIST TYPES OF COMMENDATIONS OR DECORATIONS RECEIVED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A COPY OF YOUR DISCHARGE SHOULD BE SUBMITTED WITH YOUR APPLICATION**

**FAMILY INFORMATION**

MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

EMPLOYMENT: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

EMPLOYMENT: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

LIST ALL BROTHERS AND SISTERS, GIVING THEIR CURRENT NAME, ADDRESS, AREA CODE AND TELEPHONE NUMBER:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT INFORMATION**

CURRENT EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

SUPERVISOR: \_\_\_\_\_

DATE OF EMPLOYMENT:   -

JOB TITLE: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

**LIST YOUR EMPLOYMENT HISTORY FOR THE LAST TEN (10) YEARS:**

**EMPLOYER**

**DATE OF EMPLOYMENT**

**JOB TITLE**

\_\_\_\_\_

**RESPONSIBILITIES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYER**

**DATE OF EMPLOYMENT**

**JOB TITLE**

\_\_\_\_\_

**RESPONSIBILITIES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYER**

**DATE OF EMPLOYMENT**

**JOB TITLE**

\_\_\_\_\_

**RESPONSIBILITIES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYER**

**DATE OF EMPLOYMENT**

**JOB TITLE**

\_\_\_\_\_

**RESPONSIBILITIES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER

DATE OF EMPLOYMENT

JOB TITLE

RESPONSIBILITIES:

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EMPLOYER

DATE OF EMPLOYMENT

JOB TITLE

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EMPLOYER

DATE OF EMPLOYMENT

JOB TITLE

RESPONSIBILITIES:

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OFFICE OF THE POST-CONVICTION DEFENDER

460 James Robertson Parkway • 2nd Floor

Nashville, Tennessee 37243

Office: (615) 741-9331

Direct: (615) 253-1986

Fax: (615) 741-9430

October 4, 1999

Ms. Donna Drake  
Tennessee Board of Paroles  
404 James Robertson Parkway  
Suite 1300  
Nashville, Tennessee 37243-0850

Dear Ms. Drake:

Thank you for speaking with me on the telephone this morning. This letter confirms our conversation.

You stated that guidelines, rules, etc., governing the clemency process were being drafted, and they are not currently available. When they become available, please forward a copy of them, along with any other policy, practice, or procedure that will govern the clemency process, to me at the address on the letterhead.

Thank you for your time.

Sincerely,



Christopher M. Minton

OFFICE OF THE POST-CONVICTION DEFENDER  
460 James Robertson Parkway - 2nd Floor  
Nashville, Tennessee 37243  
Office: (615) 741-9331  
Direct: (615) 253-1986  
Fax: (615) 741-9430

September 10, 1999

Ms. Donna Drake  
Tennessee Board of Paroles  
404 James Robertson Parkway  
Suite 1300  
Nashville, Tennessee 37243-0850

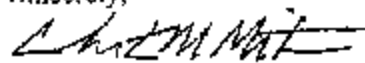
Dear Ms. Drake:

Thank you for the Pardon Application. Are there any other types of applications available, such as an application for commutation, exoneration, or reprieve? If so, please send any addition type of clemency application to me.

In addition, please note that in addition to a clemency application, my August 23, 1999, letter requested any regulations, policies, practices, and/or procedures that govern the clemency process. Please identify any such rules and either forward them to me or identify where I can obtain them.

Thank you for your time.

Sincerely,



Christopher M. Minton



I, affirm that I have read, 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 therefore, am applying for a Pardon under the criteria noted in this application.

\_\_\_\_\_  
PETITIONER'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: \_\_\_\_\_

MM

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

NAME \_\_\_\_\_

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

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

PREPARER'S SIGNATURE \_\_\_\_\_

RELATIONSHIP TO PETITIONER \_\_\_\_\_

TELEPHONE: (     ) \_\_\_\_\_