



ABSOLUTE PARDON APPLICATION

Eligibility Checklist

Are you currently on supervision? YES NO

Do you have any pending charges in Connecticut or any other State or Federal jurisdiction?

YES NO

Do you have any outstanding court fees, fines, Judicial motions, etc.?

YES NO

Have you received a Nolle at any time during the previous 13 months?

YES NO

If you answered YES to any of the above questions, STOP. You are not currently eligible to apply for an Absolute Pardon. Please re-apply upon resolution of these matters.

Eligibility: (Answer all questions to determine eligibility)

1) Do you have a criminal record in CT? YES NO

2) Has it been three (3) years since the conviction date for your most recent Misdemeanor? (if applicable) YES NO

3) Has it been five (5) years since the conviction date for your most recent Felony? (if applicable) YES NO

If you answered YES to the above questions, you are eligible to apply for an Absolute Pardon.



ABSOLUTE PARDON APPLICATION

Document Checklist

- Eligibility Requirements Met**
- Completed Application and Notarized Background Authorization**
- State Police Bureau of Identification Background Check (Criminal History) Report**
- Police Report(s) for any arrest(s) that resulted in a conviction that has occurred within the last 10 years; or letter(s) from the arresting police department stating the report(s) no longer exist(s)**
- Probation letter indicating docket number(s), completion date(s) and probation completion status (successful/unsuccessful) for each period of probation served**
- DD214 or DD Form 2 *if applicable***
- (3) Completed Reference Questionnaires (only one from a family member)**
- Photocopy of your current/non-expired Driver's License or State Identification Card**
- Proof of either employment or your source(s) of income (e.g., unemployment, disability payments, most recent W-2 form, letter/s from source of financial support, etc.)**
- Any additional documentation you wish to include (e.g., certificates, resume, evaluations, etc.)**



STATE OF CONNECTICUT



Absolute Pardon Process Instructions

1. Determine if you are eligible for a pardon.
2. Read the "Frequently Asked Questions" section of the BOPP website.
3. Follow the "Documents Needed to Complete the Pardon Application" found on the BOPP website.
4. Complete, print and mail this online "Application for a Connecticut Absolute Pardon" form, along with the following completed documents:
 - The "Background Investigation Authorization" form (page 11 of the Application for a Connecticut Absolute Pardon) must be signed, witnessed and notarized by a Notary Public.
 - A minimum of three (3) "Absolute Pardon Reference Questionnaire" forms must be completed by the individual making a character reference for you. **Only one reference may come from a family member who is related to you by blood or marriage.** References may attach a dated and signed letter to the Questionnaire as long as they indicate they understand you are applying for an absolute pardon and they complete the remainder of the form, including signature and date. **Form must be within one year of application.**
 - Attach a photocopy of your current driver's license or state identification card. If the address is different on your license than in your application, please indicate why in the application.
 - Attach any other documentation you wish the Pardon Board to consider (ex: certificates, resumes, evaluations, etc.). Attach proof of employment or your source(s) of income (e.g. unemployment, disability payments, most recent W-2 form, letter(s) from source of financial support, etc.)
 - If you are only applying for a Certificate of Employability, a separate application must be submitted with a Supervising Officer Questionnaire completed by the Parole Officer if you are under Parole supervision and attached.

DO NOT STAPLE the application or any other documents.

Send the original documents to:
Board of Pardon and Paroles
Attn: Pardons Unit
55 West Main Street, Suite 520
Waterbury, CT 06702

Please Note: Applications are processed continuously on a first-come, first-served basis. Due to the high volume of applications, applications will not be accepted in person. Make sure to keep a copy of the application and all documents for your personal records as applications and supporting documentation will not be returned to you. If you would like to confirm your application has been received, use Certified Mail, Return Receipt Requested. The Pardon Board is not responsible for lost applications.

STATE OF CONNECTICUT



BOARD OF PARDONS AND PAROLES 55 West Main Street – Waterbury, CT 06702

APPLICATION FOR A CONNECTICUT ABSOLUTE PARDON

Please type or print legibly in ink the answers to the following questions. Each question **must** be answered fully, truthfully and accurately. **Any omission or falsification will constitute grounds for denial or revocation.**

NOTE: At the Board's discretion, they may consider you for a Certificate of Employability (Provisional Pardon) in lieu of Absolute Pardon.

SECTION 1: Applicant Information

Last Name: First Name: Middle Name:

Date of Birth: Place of Birth: Gender:

SSN:

Address (Number and Street): Apt. No./Floor/Suite:

City: State: Zip Code:

Primary Business Phone Number: Phone Number: Ext.

Alternate Phone Number: E-mail Address:

Do you have a driver's license:

Yes No If Yes, issuing State: License Number:

Are you a citizen of the United States of America? Yes No

If No, what is your country of citizenship?

SECTION 2: Family Information

Please list all members of your household below:

Name: _____ Age: _____ Relationship: _____

1.

2.

3.

4.

How long have you lived at your current address?

Current Marital Status: Single Divorced Widow Civil Union
 Married Separated Widower

Current Spouse/Partner's

Name: _____ Phone Number: _____

Address (if different): _____

How many children do you have?

Are you current with all court ordered child support (if applicable)? Yes No N/A

If you answered *No*, what is the reason for your failure to pay? Describe any agreement you have made to satisfy your payment obligation:

SECTION 3: Other Names

List the following:

Every other name by which you have been known (alias, maiden, former marriage, nicknames) including the name under which you were convicted, and the dates.

ALIAS (name) (date)	MAIDEN (name) (date)	FORMER by MARRIAGE (name) (date)	NICKNAMES (name) (date)

SECTION 4: Criminal History

All Connecticut convictions must be listed. Any omission of a conviction will result in the denial of your application. You should rely on your memory *in addition* to the official criminal record that was obtained from the State Police. If needed, check with these agencies for additional records (Probation, convicting Courts, local Police Departments and DMV). If you are uncertain about any convictions, write a statement explaining that you cannot remember the exact dates and charges or the circumstances. This statement may prevent your application from being denied for falsification. Start with your most recent conviction and work backwards until all convictions are listed. Attach additional sheets if necessary.

Have you ever been incarcerated in Connecticut? Yes No

If yes, Inmate Number:

Dates of incarceration:

~~~~~  
Do you currently have any pending criminal charges, either Federal or State?

Yes                       No

If yes, list the pending criminal charges, the arresting agency, and the court in which the case is pending. *If you need more space, attach an additional page.*

~~~~~  
Starting with the most recent conviction and in your own words, provide a complete and detailed account of each conviction. Explain when, how and why each offense was committed; include the date and location of the incident. Explain any violations of probation or parole associated with the conviction, if applicable.

Conviction #1

Docket Number:

Disposition Date:

Sentence:

Crime(s) Convicted of on this docket:

When:

How:

Why (explain):

Conviction #2

Docket Number:

Disposition Date:

Sentence:

Crime(s) Convicted of on this docket:

When:

How:

Why (explain):

Conviction #3

Docket Number:

Disposition Date:

Sentence:

Crime(s) Convicted of on this docket:

When:

How:

Why (explain):

Check this box if you have more than 3 criminal convictions. *Attach additional sheets using the same format as above to explain any remaining convictions.*

~~~~~  
**Please list the name(s) and approximate age of any victim(s) of your crime(s) and phone number or address if known: DO NOT attempt to contact any known victim(s).** *If there was not a victim associated with your crime(s) or you do not know the identity of your victim, your application will still be considered.*

~~~~~  
Have you ever been convicted of a crime in any other state or federal jurisdiction?

Yes

No

If yes, list the state or federal conviction, the date of the conviction, the crime for which you were convicted, and describe the incident/s.

How long have you remained crime free?

SECTION 5: Previous Application History

Have you applied for a pardon in the past? Yes No

If yes, please state the month(s) and year(s) you applied:

Was a pardon granted? Yes No

If yes, type of Pardon granted:

If *no* The reason(s) for denial and date the Board suggested you reapply:

SECTION 6: Educational Background

Check the highest level of schooling completed:

- Elementary (K-5) Secondary (6-12) College (undergraduate)
 Graduate/Professional (MA, MBA, PhD, JD, etc.)

List any educational or other specialized training you have received or are currently attending. Include the school names, dates attended, degrees received and any honors achieved. If you attended training, note the type of training and agency that provided the training. **You should attach a copy of any certificates, diplomas or transcripts received to this application.**

SECTION 7: Military Record

Were you ever in any branch of the U.S. Armed Forces? Yes No

If you answered yes, please complete the following:

Branch of Service: _____ Date of Entry: _____ Date Discharge: _____

Type of Discharge: _____ Rank at Discharge: _____

Did you serve in the National Guard? Yes No

Attach a copy of your separation papers (Form DD-214) or your military ID (DD Form 2) if you are currently on active duty.

SECTION 8: Employment History

List your current employer. If you are not currently employed, list your last employer. **Attach a current pay stub or W-2 form to verify your present employment.** *If you are receiving unemployment or disability benefits, please include a copy of your most recent payment.*

Official Job Title: (current or most recent) _____ Company Name: _____ Type of Business: _____

Title and name of immediate Supervisor: _____

Phone Number: _____ Department Assigned: _____

Employed from: _____ To: _____ Total (years and months):
(mo.) (yr.) (mo.) (yr.) (mo.) (yr.)

Reason for leaving: _____

May we contact this employer?

Hours worked per week: _____ Yes No

Business full address: _____

Official Job Title: (current or most recent) _____ Company Name: _____ Type of Business: _____

Title and name of immediate Supervisor: _____

Phone Number: _____ Department Assigned: _____

Employed from: (mo.) (yr.) To: (mo.) (yr.) Total (years and months): (mo.) (yr.)

Reason for leaving:

May we contact this employer?

Hours worked per week:

Yes No

Business full address:

Reason for gap(s) in employment (if any):

Employment Desired:

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If you are requesting an Absolute pardon for employment purposes, what type of employment are you seeking?

**SECTION 9: Substance Abuse and Treatment Information**

Have you ever been addicted to or abused alcohol, or any other type of drug?

Yes  No

If yes, describe the type of alcohol/drug abuse and dates of the addiction or abuse:

~~~~~  
Have you ever sought or participated in counseling, treatment, or a rehabilitation program for alcohol or other drug abuse (i.e. AA, NA, 12 Step Programs, etc.)?

Yes No

If yes, specify the dates of treatment or counseling, and provide the full name, address, and telephone number of the treatment facility and of the doctor, counselor, or other treatment provider. Indicate whether you completed the treatment program and the description of help received. Attach any certificates or proof of participation to the end of this package.

Are there any other types of treatment in which you have participated?

Yes No

If yes, specify the dates of treatment or counseling and provide the full name, address, and telephone number of the treatment facility and of the doctor, counselor, or other treatment provider. Indicate whether you completed the program and whether you believe you benefitted from the treatment received. Attach any certificates or proof of participation.

SECTION 10: Volunteer, Charitable and Community Activities

Describe any charitable, volunteer, church or civic activities in which you have been engaged or any other contributions you have made to the community since your conviction. List the names of any organizations in which you have participated, the time periods of your participation, your role in these activities, and the name, address, and telephone number of a person associated with each organization who is familiar with your involvement. Attach additional sheet(s) if necessary.

SECTION 11: Purpose of Application

State your reason(s) for seeking a pardon.
(i.e. pistol permit restoration, employment purposes, personal reasons, etc.)

In your own words, How have you changed since your criminal activity? You may also use this section to inform the Pardons Board about anything else that you would like considered as part of your application. Attach additional sheet(s) if necessary.

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Has anyone assisted you in completing this pardon application?

Yes                       No

Name/Group:

Address:

Phone Number:

Is the person assisting in the preparation of the application an attorney?

Yes                       No

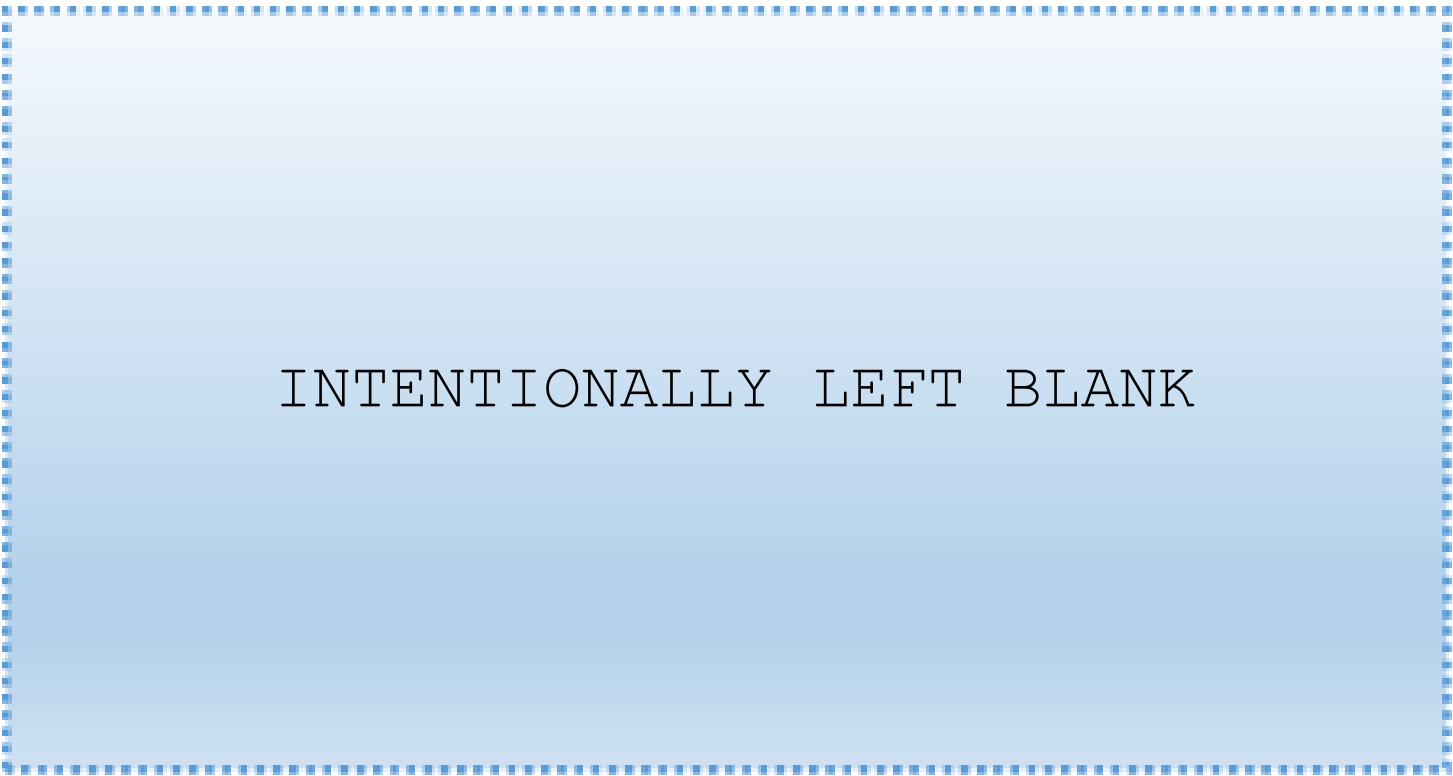
If yes, Bar # \_\_\_\_\_

If *no*, what is the relationship between the applicant and the person assisting in the preparation?

If the person who assisted you is an attorney, will they represent you if a hearing is granted?

Yes                       No

**NOTE: If the person who assisted you is an attorney and he/she will represent you throughout the application process, the Pardons Board will send correspondence only to the attorney.**



### Background Investigation Authorization:

This is to certify that I have applied for an Absolute Pardon with the Connecticut Board of Pardons and Paroles and have completed this application fully, truthfully and accurately. I acknowledge that an investigation will be conducted.

In consideration for the processing of my application, I, \_\_\_\_\_, formerly known as \_\_\_\_\_, do hereby agree to the following:

#### WAIVER OF LIABILITY AND INFORMATION TO BE RELEASED:

Having made application to the Connecticut Board of Pardons and Paroles for an Absolute Pardon, I would like a panel of the Pardons Board to consider it an accurate reflection of my criminal history, record and character, I authorize the release of any and all information, verbal and/or written, which includes but is not limited to, information related to current or previous employment, personnel records, criminal records, educational records, any investigative records, credit records, tax or bank records, correctional records, sealed records, confidential records or information previously agreed to be withheld, opinions of my character or conduct, and any and all information that a person or entity may have concerning me, and I agree to hold all entities and persons from any liability arising out of the furnishing of said information. I understand I may be required to complete an additional authorization form allowing the Board to obtain any relevant medical records or mental health records.

#### INFORMATION TO BE RELEASED FROM:

Any person or entity who may have knowledge of the above named individual, including but not limited to friends, family members, neighbors, acquaintances, co-workers, businesses, previous or current employers, any law enforcement or correctional facility or agency, any credit reporting bureau, any educational facility or institution, any financial institution, or any other person or entity deemed relevant by the Pardons Board or officer conducting the background investigation incident to my application for an Absolute Pardon, may furnish said information.

#### INFORMATION TO BE RELEASED TO:

The Connecticut Board of Pardons and Paroles or its designated agent.

#### PURPOSE OF RELEASE:

I, the above named applicant, have requested an Absolute Pardon from the Connecticut Board of Pardons and Paroles. The members of the pardons panel may consider a wide range of factors including my character, conduct, criminal record, mental or medical health status and any other significant history about me incident to my application for an Absolute Pardon. **I understand my authorization under this Waiver and Liability Release is voluntary and that I may refuse to sign this document.** I understand I am not entitled to receive or examine, review or otherwise discover the contents of the information gathered or disclosed in the course of the investigation incident to my application for an Absolute Pardon. I understand if I refuse to sign this authorization document, my application for an Absolute Pardon will not be considered. I understand information gathered may become public record if the subject application is brought for consideration at a meeting before the Pardons Board. I understand I may revoke this authorization under this Waiver and Liability Release at any time by notifying the Pardons Board in writing at 55 West Main St, Waterbury, CT 06702, except to the extent that action has taken place in reliance on this authorization document. I understand any such revocation of authorization will result in the termination of any pardons investigation or termination of further consideration for a pardon.

#### NEW INFORMATION:

I certify I have not been convicted of any other crimes in the State of Connecticut or in any other state or federal jurisdiction in addition to those offenses listed on the attached petition for a pardon. I affirm I do not have any pending criminal actions in the State of Connecticut or in any other state or federal jurisdiction. I affirm any police reports or official information I have forwarded to the Pardons Board have not been altered or have any pages omitted. **I will notify the Pardons Board, in writing, of the existence of any additional criminal matters that are pending against me or of any new arrests, from the time that this affidavit is executed, to the date that an Absolute Pardon certificate may be issued by the Board.**

This waiver shall apply to any right of action of any nature whatsoever, which may accrue to me, my heirs, or my personal representative(s). Copies of this authorization, with my signature, are deemed to be as valid as the original release, signed by me. This authorization is valid for one (1) year from the date signed.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Signature of Notary or Commissioner of Superior Court

(Notary Seal)

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

**STATISTICAL AND RESEARCH INFORMATION SHEET**

This section is optional and will be used for research and statistical purposes only.

NOTE: This section will not be given to any Board members.

**CONTACT INFORMATION**

Full Name:

Phone Number:

Address:

E-mail Address:

**RACE/ETHNIC DATA**

- BLACK (not of Hispanic Origin): Persons having origins in any of the black racial groups of Africa.
- HISPANIC: Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- WHITE (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
- AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- Other: (Please Specify) –

**FUTURE STUDIES**

May we contact you in the future for data collection purposes?  Yes  No



**OPTIONAL CONTINUATION PAGE**

*The applicant must list the question number for each response in which the Optional Continuation page is used. Use as many optional pages as needed.*

**For Question # \_\_\_\_\_**

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Additional supplemental sheets can be found on our website  
[http://www.ct.gov/bopp/lib/bopp/Pardon\\_Supplemental\\_Sheets.pdf](http://www.ct.gov/bopp/lib/bopp/Pardon_Supplemental_Sheets.pdf)





**STATE OF CONNECTICUT**  
**BOARD OF PARDONS AND PAROLES**  
55 West Main Street - Waterbury, CT 06702  
**Absolute Pardon Reference Questionnaire**



**The following three pages are Reference Questionnaire forms.**

Have at least three (3) people who are familiar with your character completely fill out questionnaires and return them to you. Only one reference may come from a family member who is related by blood or marriage. References may attach a dated and signed letter to the Questionnaire as long as they indicate they understand you are applying for an absolute pardon and they complete the remainder of the form in full, including signature and date. All reference letters must be dated within **one year** of submission of the application.

**NOTE: All of the crimes for which you are seeking a pardon must be listed on all of the submitted reference questionnaire forms or letters. If you fail to do this, the reference form(s) may be returned to you for proper completion before further processing of your application.**



**STATE OF CONNECTICUT**  
**BOARD OF PARDONS AND PAROLES**  
 55 West Main Street - Waterbury, CT 06702  
**Absolute Pardon Reference Questionnaire**



|                          |  |
|--------------------------|--|
| <b>Applicant's Name:</b> |  |
|--------------------------|--|

|                              |                        |                          |  |
|------------------------------|------------------------|--------------------------|--|
| <b>Reference's Name:</b>     |                        |                          |  |
| ADDRESS (Number and Street): |                        | Apartment Number / Floor |  |
| CITY:                        | STATE:                 | Zip Code:                |  |
| HOME PHONE NUMBER:           | BUSINESS PHONE NUMBER: | EXTENSION:               |  |
| CELLULAR PHONE NUMBER:       | E-MAIL ADDRESS:        |                          |  |

|                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|
| <b>1. What is your relationship to the petitioner?</b>                                                         |
|                                                                                                                |
| <b>2. How long have you known the petitioner?</b>                                                              |
|                                                                                                                |
| <b>3. Please list ALL the offenses the petitioner was convicted of:</b>                                        |
|                                                                                                                |
|                                                                                                                |
|                                                                                                                |
| <b>4. In detail, please give your reasons as to why you believe the petitioner should be granted a pardon.</b> |
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*You may attach additional pages or a letter to this form, but this form needs to be completed and submitted with the pardon petition.*

**By signing this form, I understand this form is valid for one year from the date I sign it and agree an employee of the Board of Pardons and Paroles may contact me to verify the information on this form is correct or to obtain additional information if necessary.**

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date



**STATE OF CONNECTICUT**  
**BOARD OF PARDONS AND PAROLES**  
 55 West Main Street - Waterbury, CT 06702  
**Absolute Pardon Reference Questionnaire**



|                          |  |
|--------------------------|--|
| <b>Applicant's Name:</b> |  |
|--------------------------|--|

|                              |                        |                          |           |
|------------------------------|------------------------|--------------------------|-----------|
| <b>Reference's Name:</b>     |                        |                          |           |
| ADDRESS (Number and Street): |                        | Apartment Number / Floor |           |
| CITY:                        |                        | STATE:                   | Zip Code: |
| HOME PHONE NUMBER:           | BUSINESS PHONE NUMBER: | EXTENSION:               |           |
| CELLULAR PHONE NUMBER:       | E-MAIL ADDRESS:        |                          |           |

|                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|
| <b>1. What is your relationship to the petitioner?</b>                                                                |
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| <b>2. How long have you known the petitioner?</b>                                                                     |
|                                                                                                                       |
| <b>3. Please list ALL the offenses the petitioner was convicted of:</b>                                               |
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| <b>4. In <u>detail</u>, please give your reasons as to why you believe the petitioner should be granted a pardon.</b> |
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*You may attach additional pages or a letter to this form, but this form needs to be completed and submitted with the pardon petition.*

**By signing this form, I understand this form is valid for one year from the date I sign it and agree an employee of the Board of Pardons and Paroles may contact me to verify the information on this form is correct or to obtain additional information if necessary.**

\_\_\_\_\_ Signature of Reference

\_\_\_\_\_ Date



# STATE OF CONNECTICUT

## BOARD OF PARDONS AND PAROLES

55 West Main Street - Waterbury, CT 06702

### Absolute Pardon Reference Questionnaire



|                          |  |
|--------------------------|--|
| <b>Applicant's Name:</b> |  |
|--------------------------|--|

|                              |                        |            |                          |
|------------------------------|------------------------|------------|--------------------------|
| <b>Reference's Name:</b>     |                        |            |                          |
| ADDRESS (Number and Street): |                        |            | Apartment Number / Floor |
| CITY:                        |                        | STATE:     | Zip Code:                |
| HOME PHONE NUMBER:           | BUSINESS PHONE NUMBER: | EXTENSION: |                          |
| CELLULAR PHONE NUMBER:       | E-MAIL ADDRESS:        |            |                          |

|                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|
| <b>1. What is your relationship to the petitioner?</b>                                                         |
|                                                                                                                |
| <b>2. How long have you known the petitioner?</b>                                                              |
|                                                                                                                |
| <b>3. Please list ALL the offenses the petitioner was convicted of:</b>                                        |
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| <b>4. In detail, please give your reasons as to why you believe the petitioner should be granted a pardon.</b> |
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*You may attach additional pages or a letter to this form, but this form needs to be completed and submitted with the pardon petition.*

**By signing this form, I understand this form is valid for one year from the date I sign it and agree an employee of the Board of Pardons and Paroles may contact me to verify the information on this form is correct or to obtain additional information if necessary.**

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date



**STATE OF CONNECTICUT  
DEPARTMENT OF EMERGENCY SERVICES &  
PUBLIC PROTECTION  
DIVISION OF STATE POLICE  
BUREAU OF IDENTIFICATION**



**CRIMINAL HISTORY REQUEST (PARDON)**

(Type or print clearly)

Date: \_\_\_\_\_

Name of Requester: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

- 1) Fill in form completely
- 2) Enclose a **\$75.00** dollar check or money order payable to: **Treasurer-State of CT**
- 3) Enclose a complete set of fingerprints for Positive Identification

Mail request with check or money order to: **DESPP-Division of State Police  
Bureau of Identification  
1111 Country Club Road  
Middletown, CT 06457-2389**

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|                            |           |                  |                      |
|----------------------------|-----------|------------------|----------------------|
| <b>Subjects First Name</b> | <b>MI</b> | <b>Last Name</b> | <b>Date of Birth</b> |
|----------------------------|-----------|------------------|----------------------|

Please list any maiden names, alias names, or alias dates of birth used:

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