Kim Reynolds
GOVERNOR

OFFICE OF THE GOVERNOR

Chris Cournoyer
LT. GOVERNOR

Application for Pardon and/or Restoration of Firearm Rights

You must select at least one of the following: ☐ Pardon
☐ Restoration of Firearm Rights

The space provided for the questions below may not be sufficient to adequately provide a full answer. In that case, you are encouraged to use a separate page to respond.

1. CONTACT INFORMATION

Name: _____ Date of Birth: _____

Social Security Number: _____ Are you a U.S. Citizen? ☐ Yes ☐ No

Address: _____
Street City State Zip Code

Email Address: _____ Phone: _____

2. OFFENSE FOR WHICH PARDON / RESTORATION OF FIREARM RIGHTS IS SOUGHT

Criminal Offense: _____

Date of conviction: _____ County of conviction: _____

Manner of conviction: ☐ Guilty Plea ☐ Jury Trial ☐ Bench Trial

Describe, in your own words, the facts of the offense for which you were convicted: _____

_____

_____

_____

_____

_____

Sentence Imposed: _____

Court Costs ordered: _____ Court Costs paid: _____

Fines ordered: _____ Fines paid: _____

Surcharges ordered: _____ Surcharges paid: _____

Restitution ordered: _____ Restitution paid: _____

Are you on a payment plan? ☐ Yes ☐ No ☐ N/A

3. OTHER CRIMINAL HISTORY

Have you been arrested, charged, or convicted of any other offense? ☐ Yes ☐ No

Criminal Offense(s):_____

Date(s) of conviction: _____ County of conviction: _____

Sentence(s) Imposed: _____

Describe, in your own words, the facts of the offense for which you were convicted: _____

_____

_____

_____

_____

_____

Have you paid all fines, costs, and restitution ordered? ☐ Yes ☐ No

Have you lost your firearm rights as a result of any conviction? ☐ Yes ☐ No

If yes, have you possessed firearms since that conviction? ☐ Yes ☐ No

If yes, explain: _____

_____

Have you ever applied for a pardon or restoration of firearm rights? ☐ Yes ☐ No

If so, provide the date(s) you applied and the reason(s) for denial: _____

_____

4. FINANCIAL, EMPLOYMENT, AND EDUCATION INFORMATION

Have you filed federal and state income tax returns for the past five years? ☐ Yes ☐ No

If no, explain: _____

_____

Have you filed for personal bankruptcy? ☐ Yes ☐ No

If yes, explain: _____

_____

List your current employer, job title, supervisor's name, and contact information: _____

_____

Name of school you attended, year of graduation, and degree received (if applicable):

High School: _____ Community College: _____

College: _____ Post-Graduate: _____

5. PERSONAL INFORMATION

Are you currently married? ☐ Yes ☐ No

If yes, provide your spouse's name, address, and contact information:

_____

Have you been divorced? ☐ Yes ☐ No

If yes, provide your previous spouse's name, address, and contact information:

_____

Do you have any children? ☐ Yes ☐ No

If yes, provide the names and ages of your children: _____

_____

Are you ordered to pay alimony or child support? ☐ Yes ☐ No

If yes, provide the names and ages of your children: _____

Have you ever been addicted to or abused alcohol or drugs? ☐ Yes ☐ No

If yes, describe the help you received and years sober: _____

6. VOLUNTEER INFORMATION, HONORS, AND AWARDS

List all community service or volunteer service projects you have accomplished in since your conviction: _____

List all honors, awards, or achievements you have accomplished since your conviction: _____

6. VOLUNTEER INFORMATION, HONORS, AND AWARDS (CONT'D)

Have you served in the military? ☐ Yes ☐ No

If yes, list which branch of the military you served in, dates of service, and whether you received an honorable or dishonorable discharge: _____

Describe, in your own words, why you believe you are deserving of a pardon and/or restoration of firearm rights: _____

7. ATTACHMENTS

Please enclose with your application the following supporting documents:

- **Proof of payment of court costs, fines, and restitution**
  - You may obtain your financial history by visiting the Iowa Courts Online website, entering your name, selecting your case, and selecting [Financial].
  - https://www.iowacourts.state.ia.us/ESAWebApp/TrialSimpFrame

- **Current resume or a written list of employment history**

- **Current Iowa Criminal History Record**
  - To obtain an Iowa criminal history record check or to request forms, please call 515.725.6066 or email: cchinfo@dps.state.ia.us.

- **Personal credit history**
  - To request a credit history, you may contact:
    Annual Credit Report Request Service
    P.O. Box 1058281
    Atlanta, Georgia 30348-8228
    Phone: (877)322-8228
    Website: www.annualcreditreport.com

7. ATTACHMENTS (CONT'D)

- **Letters of recommendation**
  - Recommenders must be made aware you are seeking executive clemency. If you are unable to obtain letters from any of the following individuals for factors beyond your control (retirement, relocation, death, refused to write, etc.), please submit an explanation as to the absence of the following individuals:
    - Prosecuting attorney in your case;
    - Sentencing judge in your case;
    - County sheriff in your case, or where you reside;
    - At least three non-relatives who can describe your current character;
    - You may also attach additional letters from others who support your clemency application, such as community leaders, faith leaders, or family members.

8. AFFIRMATION AND RELEASE

I swear or affirm that, to the best of my knowledge, my application is complete and true.

I authorize the Governor's Office and the Board of Parole, through their employees or agents, to obtain any records pertaining to me on file with any state, county, or municipal government agency or the Iowa Judicial Branch. I also agree to allow the Governor's Office and the Board of Parole, through their employees or agents, to obtain information from current or past employers, neighbors, references, and people writing letters of recommendation. I agree that this information may be used by the Governor and the Board of Parole to make a decision regarding my application for pardon and/or restoration of firearm rights and I release from any potential liability the Governor's Office, the Board of Parole, and their employees or agents to the extent its necessary for them to disclose information discovered.

Print name: _____

Signature: _____ Date: _____

Mail or deliver to *Iowa Board of Parole, Attn: Executive Clemency Coordinator, 510 East 12th Street, Suite 3, Des Moines, Iowa 50319.*