



Kim Reynolds
GOVERNOR

OFFICE OF THE GOVERNOR

Chris Cournoyer
LT. GOVERNOR

Application for Commutation of Sentence

1. CONTACT INFORMATION

Name: _____ Date of Birth: _____

Inmate Number: _____ Institution: _____

Have you ever applied for commutation of sentence? Yes No

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

2. OFFENSE FOR WHICH COMMUTATION 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: _____

Date of conviction: _____ County of conviction: _____

Sentence Imposed: _____

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

List additional arrests, charges, or convictions on a separate sheet of paper.

4. TREATMENT, EMPLOYMENT, AND EDUCATION

List any treatment classes or programs you have completed while incarcerated: _____

List all jobs you have maintained while incarcerated:

Job	Dates Worked (Month/Year - Month/Year)

Prior to incarceration, list the highest level of education you achieved: _____

List any degrees you received while incarcerated: _____

Have you received any disciplinary action(s) in the last five years? Yes No

If so, explain each circumstance: _____

5. VOLUNTEER INFORMATION, HONORS, AND AWARDS

List all community service or volunteer service projects that you have participated in since your incarceration: _____

List all honors, awards, or achievements that you have accomplished since your incarceration:

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: _____

6. REQUEST FOR COMMUTATION

Describe, in your own words, why you believe you are deserving of a commutation of your sentence: _____

7. 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 to obtain any records pertaining to me on file with any state agency or the Iowa Judicial Branch. I agree that this information may be used by the Governor and the Board of Parole in making a decision regarding my application for commutation of sentence.

Signature: _____ Date: _____

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