



Kim Reynolds
GOVERNOR

OFFICE OF THE GOVERNOR

Chris Cournoyer
LT. GOVERNOR

Application for Restoration of Voting Rights (and the Right to Hold Public Office)

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. CRIMINAL FELONY CONVICTION

Note: Unless you have been convicted of a violation of chapter 707 of the Iowa Code ("Homicide and Related Crimes"), you do not need to apply for restoration of your voting rights.

Criminal Offense: _____

Date of conviction: _____ County of conviction: _____

Did you receive a deferred judgment? ☐ Yes ☐ No

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: _____

2. CRIMINAL FELONY CONVICTION (CONT'D)

Date of discharge, including any probation or parole: _____

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

Are you still on probation or parole for any other felony convictions? ☐ Yes ☐ No

If yes, explain. _____

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. PERSONAL INFORMATION

List the highest level of education you have achieved: _____

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: _____

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

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

5. ATTACHMENTS

In addition to this application, you may include letters of recommendation or anything else the Governor should consider in reviewing your request for restoration of citizenship rights.

6. 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 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 in making a decision regarding my application for restoration of citizenship rights.

Signature: _____ Date: _____

Mail or deliver to: Office of the Governor, Iowa State Capitol, Des Moines, Iowa 50319.