



Kim Reynolds  
GOVERNOR

## OFFICE OF THE GOVERNOR

Adam Gregg  
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: \_\_\_\_\_

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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: \_\_\_\_\_

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

**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.*