



Terry E. Branstad
GOVERNOR

OFFICE OF THE GOVERNOR

Kim Reynolds
LT. GOVERNOR

Application for Commutation of a Life Sentence

General Information:

The Governor has the authority to grant executive clemency for all offenses except treason and cases of impeachment, subject to such regulations as may be provided by law.

Eligibility:

A person who has been sentenced to life imprisonment may, no more frequently than once every ten years, make an application to the Governor requesting that the person's sentence be commuted to a term of years. *See Iowa Code § 902.2.*

Process:

Upon receipt of a request for commutation, the Governor shall send a copy of the request to the Iowa Board of Parole for investigation and recommendations as to whether the person should be considered for commutation. The Board shall conduct an interview of the class "A" felon and shall make a report of its findings and recommendations to the Governor. *See Iowa Code § 902.2.*

Instructions:

Place the application into an envelope and mail it to:

Commutation Coordinator
Iowa Board of Parole
510 East 12th Street, Suite 3
Des Moines, Iowa 50319

Application for Executive Clemency – Commutation of a Life Sentence

TO: Terry E. Branstad, Governor of Iowa.

I. Background Information:

1. Name: _____ Sex (circle one): Male/ Female
2. Name of Institution: _____ Inmate Number: _____
3. Date of Birth: _____ Current age: _____

II. Information regarding the crime you seek a Commutation for:

4. Crime/Offense: _____ County of Conviction: _____
5. How were you convicted (Circle one)? Guilty Plea/ Jury trial/ Bench trial
6. Date of Crime (Month/Day/Year): _____ Date of Conviction (Month/Day/Year): _____
7. Describe in your own words the facts concerning the crime for which you were convicted for (attach additional sheets if needed):

III. Prior crimes:

8. Have you ever been incarcerated prior to the sentence you are currently serving? (circle one): Yes/ No
9. If the answer to Question #8 is yes, provide the following information for **each** offense. (Attach additional sheets if needed.)
Crime/ offense: _____
Date of offense: _____ Date of conviction: _____ Date of Discharge: _____
Sentence received: _____ County and state where convicted, arrested and/or charged: _____

IV. Treatment/Employment/Education:

10. List treatment classes or programs you have taken while incarcerated: _____

11. List all of the jobs you maintained while incarcerated including the dates worked:

| Job (ie: Kitchen) | Dates worked (Month/year – Month year) (ie: December 1998 – June 2000, or May 2015 – present) |
|-------------------|--------------------------------------------------------------------------------------------------|
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12. Prior to your current incarceration, list the highest level of education: _____
 13. List all of the degrees you received while incarcerated: _____

14. Have you received any disciplinary actions in the last five years? (Circle one): Yes/ No. If yes, please explain each circumstance: _____

V. Volunteer Information/Honors and Awards:

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

16. List all honors, awards or achievements in which you have accomplished since your conviction: _____

VI. Miscellaneous:

17. Military service: Have you served in the military? (Circle one): Yes/No. If you answered, "Yes," please list which branch of the military you served in, dates you served, and whether you received an honorable or dishonorable discharge: _____

18. State why you believe you are deserving of a Commutation of a Life sentence (attach additional sheets if needed): _____

19. Have you made a previous application for Commutation of a Life Sentence? (Circle one): Yes/ No. If you answered, "Yes," list the date of application(s) decision: _____ State the explanation you were given for your denial: _____

I certify, under the penalty of perjury, that my application is true and complete.

Signature of Applicant

Print Name of Applicant

Date of Application (Month/Date/Year)

RELEASE

**YOU MUST SIGN AND DATE THIS RELEASE FORM
OR YOUR APPLICATION WILL NOT BE PROCESSED**

I, _____, the undersigned applicant for executive clemency to the Governor of the State of Iowa, do hereby authorize any and all persons, firms, or corporations, to release any and all information or documents they may now have or hereinafter receive concerning me.

I authorize the release of said information to the Governor of the State of Iowa, his designee or agent. In granting this release, it is my understanding that the information or documents obtained will be used for the sole consideration of my application for executive clemency.

I further forever hold blameless those persons, firms, corporations and the Office of the Governor, who by virtue of this consent may release information as requested.

A photocopy or electronic reproduction of this release form will be valid as an original, even though said photocopy does not contain an original writing of my signature.

I have read fully and understand the contents of this application and the authorization for release of personal information.

Signature of Applicant

Print Name of Applicant

Date of Application:
