



Kim Reynolds  
GOVERNOR

**OFFICE OF THE GOVERNOR**

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

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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#### 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: \_\_\_\_\_

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

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

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**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: \_\_\_\_\_

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## 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](mailto: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](http://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.*