# Ohio Governor's Expedited Pardon Project

## Intake Packet

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You must complete this entire packet to apply for the Expedited Pardon Project. There are three forms you must complete:

- **Intake Questionnaire**
- **DRC 3012 - Clemency Release of Information** (Note: not all fields are required. Follow instructions closely.)
- **DRC 3033 - Pardon Process Checklist**

Once we receive your complete intake packet, we will notify you if you are accepted into the project. If you are accepted, you will then be placed with a participating service provider. Service providers for the Expedited Pardon Project may include participating Ohio university law schools and clinics, legal aid organizations, private practice attorneys, or law firms. This assistance is free for those accepted into the Expedited Pardon Project.

Please note, meeting the minimum requirements does not guarantee admission into the project. The project team has discretion to decline applications that do not align with the mission of the project. If you are not accepted into the Expedited Pardon Project, the project team will notify you as soon as possible and provide you with information about the traditional pardon process.

# Intake Questionnaire

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## Personal Information

First name: _____ Middle Initial: _____ Last name: _____

Date of birth: _____ Social Security Number (SSN): _____

Email address (optional): _____

Home phone number: _____ Mobile phone number: _____

Address: _____ City: _____

State: _____ ZIP Code: _____ County: _____

How did you hear about the Ohio Governor's Expedited Pardon Project?

- ☐ Agency/Nonprofit Referral
- ☐ Social Media
- ☐ News/Television
- ☐ Friends/Family
- ☐ Other _____

## Demographic Information

What is your gender? Female ☐ Male ☐ Other ☐

What is your household's approximate annual income?

- ☐ $0 - $25,000
- ☐ $25,001 - $50,000
- ☐ $50,001 - $75,000
- ☐ $75,001 - $100,000
- ☐ $100,001 or more

Are you Hispanic or Latino? Yes ☐ No ☐

Please indicate how you identify yourself (select all that apply):

- ☐ Native American or Alaska Native
- ☐ Asian or South Asian
- ☐ Black or African-American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

What is your marital status?

- ☐ Single
- ☐ Married
- ☐ Divorced - Remarried
- ☐ Divorced - Single
- ☐ Separated
- ☐ Widowed

Are you a military veteran? Yes ☐ No ☐ If so, which branch? _____

If you answered “Yes,” were you honorably discharged? Yes ☐ No ☐ N/A ☐

## Family Information

Please list all family members that figure prominently in your life. If you need to list additional members, please attach a separate sheet to the application.

| First and Last Name | Relationship | Age | Do they live with you? (Y or N) |
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## Detailed Conviction Information

In the table below, please list ALL your convictions (including sealed convictions). Provide a detailed description and a thorough explanation of the circumstances for every conviction. If you need additional space, please use a separate sheet of paper and attach it to the completed application.

Please note: If you are accepted into the project, you will be expected to provide the police reports for all convictions on your record (if they are available). You may submit the police reports with this intake packet or at a later date.

1) Date of offense: _____ Name of offense: _____

   Location of offense (City, County, State): _____

   Arresting agency: _____ Felony or misdemeanor: _____

   Sentence: _____

   Date sentence completed (including parole, probation, etc.): _____

   Please describe the specific facts of your offense:

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2) Date of offense: _____ Name of offense: _____

   Location of offense (City, County, State): _____

   Arresting agency: _____ Felony or misdemeanor: _____

   Sentence: _____

   Date sentence completed (including parole, probation, etc.): _____

   Please describe the specific facts of your offense:

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3) Date of offense: _____ Name of offense: _____

Location of offense (City, County, State): _____

Arresting agency: _____ Felony or misdemeanor: _____

Sentence: _____

Date sentence completed (including parole, probation, etc.): _____

Please describe the specific facts of your offense:

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4) Date of offense: _____ Name of offense: _____

Location of offense (City, County, State): _____

Arresting agency: _____ Felony or misdemeanor: _____

Sentence: _____

Date sentence completed (including parole, probation, etc.): _____

Please describe the specific facts of your offense:

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For any of your convictions listed above, did the court order you to pay costs and/or restitution?
Yes ☐ No ☐

If so, did you pay the court costs or restitution? Yes ☐ No ☐ N/A ☐

If you were not able to pay your court costs or restitution, explain briefly why not.

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## Employment History

Please list your employment history for the last 5 years.

| Name of Company/ Employer | Dates of employment | Contact Information (address, email, or phone number) |
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If you have experienced or are currently experiencing unemployment, please list specific reasons why you were not or are not employed.

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## Community Service

List community service (not court ordered) activities that you have participated in since your last conviction. It is especially important to know about your recent service.

| Name of organization | Dates of service | What did you do? |
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## Additional questions

What other positive things have you done since you finished serving your sentence?

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How has your life been impacted by having a criminal record?

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Describe why you want a pardon.

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## Pardon Application References

If you are accepted into the project, you will be asked to provide letters of support as part of the full pardon petition. List anyone who would be willing to write a letter of support for you. Please give their name and their relationship to you, if any, and how long you have known them.

| First and Last Name | Relationship | Years Known |
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## Legal Representation

The Expedited Pardon Project provides a free lawyer to help you if you are accepted into the project as a client.

Did any lawyer help you complete this form? Yes ☐ No ☐

If so, provide the lawyer's name:_____ City/State: _____

Email address: _____ Phone number: _____

## Signature

By signing below, you certify the information you have provided above is accurate and complete to the best of your knowledge.

**Signature:** _____ **Date:** _____

# DRC 3012 Clemency Request for Information

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The purpose of this form is to allow the Ohio Department of Rehabilitation and Corrections (ODRC) to complete a full search of a pardon applicant's conviction history. Only some of the fields must be completed. See below for further instructions.

**Page 1**

Complete the following fields on page 1. *Do not complete fields that are not listed below.*

- Name (Last, first, middle)
- Maiden Name or Alias
- Date of Birth
- Social Security Number
- Sex
- Race

**Page 2**

Complete the following fields on page 2. *Do not complete fields that are not listed below.*

- Applicant Signature
- Date

Ohio Parole Board
4545 Fisher Road, Suite D
Columbus, OH 43228

# Clemency Request for Information

*The person identified below has applied for Clemency through the Ohio Parole Board. The information requested is needed to assist the Adult Parole Authority in preparing a written investigation regarding this individual. Your cooperation will be greatly appreciated. Please return this form with the requested information within three (3) days.*

**Addressee:**

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| Date: |
| Requesting Person/Unit (If Applicable): |

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| Name (last, first, middle): | | | Maiden Name or Alias: |
| Date of Birth: | Social Security Number: | FBI Number: | BCI Number: |
| Sex: | Race: | Inmate Number: | CCIS Number: |

## Information Desired (please elaborate and give additional comments)

- ☐ **Sealed/Expunged Record** — Any information in your possession or control pertaining to prior conviction or criminal record that is under seal or order for expungement
- ☐ **Prior Arrest Record** — Dates, Charges, Dispositions, Offenses involving **Weapons or Violence**, please provide arrest report(s)
- ☐ **Educational Data** — Grade Completed, General Rating as a Student, Mental or Intelligence Examination Results, Attendance, Reason Left, Comments, Copy of Transcripts
- ☐ **Employment Data** — Confirmation of Employment, Dates, Position(s) Held, Wages, Reason for Termination, Consideration for Re-employment, and Comments
- ☐ **Substance Abuse** — Chemical or Alcohol Addiction, Treatment, Recommendations
- ☐ **Medical History** — Diagnoses of Physical/Mental Ailments and/or Disabilities, Current Drug Prescriptions, Treatments, HIV/STD Status and Treatment, Discharge Summary, Hospitalizations and Recommendations
- ☐ **Mental Health History** — Mental Health Assessment, Diagnosis, Treatment, Discharge Summary, Recommendations
- ☐ **Military Service** — Dates of Service, Branch, Discharge Type, Rank Attained, Court Martial (type, nature of offense, dates, and sentence)
- ☐ **Other** (Specify): _____

I authorize release to the Ohio Parole Board all confidential records and information concerning me, this includes: criminal, traffic, vocational, educational, employment, military, medical, including HIV, mental health, drug and alcohol abuse treatment records and any other requested information. I understand that the Parole Board may share this information with other entities to facilitate the clemency request. This consent will remain valid throughout the duration of the clemency process with the Ohio Parole Board. A copy of this authorization made by duplicating process shall be considered the same as the original signed one.

If my record has been sealed or expunged, I authorize the Ohio Bureau of Criminal Investigation and/or my sentencing court to release any information in its possession or control pertaining to my prior conviction or criminal record, that is currently under seal or order for expungement to the Ohio Parole Board for consideration of my application for clemency.

| Applicant Signature: | Date: |
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Please stamp NO RECORD FOUND here or attach information to back of form and return to the address above.

| Signature of Official Sending the Information: | Title: | Date |
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Revised Code prohibit any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or *Notice: This request includes records protected by federal confidentiality rules (42 CFR, Part 2). The federal rules and Section 5122.31 and/or Section 3701.243 of the Ohio as otherwise permitted by 42 CFR, Part 2. A general authorization for release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

# Expedited Pardon Process Checklist

| Name: | Other names used: | | |
|---|---|---|---|
| E-mail Address | D.O.B.: | SSN: | Phone Number: |
| Current Address: | City: | State: | Zip Code: |
| Inst. Number(s) (if applicable): | County(s) of Conviction: | | |

The applicant must have no felony or misdemeanor criminal convictions in the last 10 years. The applicant must have finished all requirements of their sentence prior to the 10-year period. Please list the date of your most recent conviction and the date of your termination from any term of community supervision (Community Control, Post Release Control, Probation or Parole). While minor traffic violations are acceptable during the 10-year period, a DUI or OVI is a criminal offense and therefore would disqualify an applicant if convicted within the last 10 years. The applicant must have made a good faith effort to pay all court-ordered restitution and/or court costs before applying for an expedited pardon. Please indicate the date these were paid in full.

Date of last conviction for any felony or misdemeanor (excluding minor traffic offenses): _____

Date of termination from supervision (if applicable): _____

Date all fines, court costs and restitution were paid in full (if applicable): _____

The applicant may not have been convicted of any of the following offenses:

- Aggravated Murder, Murder, Attempted Murder, Voluntary Manslaughter, Involuntary Manslaughter, Reckless Homicide, Negligent Homicide , Aggravated Vehicular Homicide, Vehicular Homicide.
- Rape, Sexual Battery, Unlawful Sexual Conduct with a Minor, Gross Sexual imposition , sexual imposition , pandering obscenity involving a minor , pandering sexually oriented matter involving a minor, illegal use of a minor in nudity oriented material or performance, felonious sexual penetration, importuning, compelling prostitutio n, promoting prostitution , disseminating matter harmful to juveniles, displaying matter harmful to juve niles, pandering obscenity, deception to obtain matter harmful to juve niles, human trafficking.
- Kidnapping, abduction, felony child endangering, terrorism.
- Domestic violence

Please list the conviction (s), to include case numbers and county of conviction for which you are seeking Clemency.

| Conviction | Court of Conviction | Case Numbers | County | Arresting Agency |
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The applicant must have some post-offense employment history or must present compelling reasons for why they cannot be employed. Please list your most recent employment to include dates.

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The applicant must have some volunteer or community service. Please provide a brief summary of your volunteer or non-court ordered community service to include dates.

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| Signature: | Date: |
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