

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 o	of the following:	irearm Rig	ghts		
1. CONTACT INFORMATION					
Name:	Date of Birth:	Date of Birth:			
Social Security Number:	Are you a U.S. Citize	n? ∐ Ye	s 🗌 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	s of the offense for which you were	convicted	l:		
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? \square Yes \square No List additional arrests, charges, or convictions on a separate sheet of paper. Have you lost your firearm rights as a result of any conviction? ☐ Yes ☐ No If ves, have you possessed firearms since that conviction? \square Yes \square No <u>If yes</u>, explain: _____ 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: 4. FINANCIAL, EMPLOYMENT, AND EDUCATION INFORMATION Have you filed federal and state income tax returns for the past five years? \square Yes \square 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:
Have you ever been addicted to or abused alcohol or drugs? \square Yes \square No
If yes, describe the help you received and years sober:
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:

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.
- 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

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;
 - Present and former employer(s);
 - 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 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 pardon and/or restoration of firearm rights.

Signature:		Date:	
O	Mail or deliver to: Jozua Board of Parole	Attn: Executive Clemency Coordinator	r

Mail or deliver to: Iowa Board of Parole, Attn: Executive Clemency Coordinator, 510 East 12th Street, Suite 3, Des Moines, Iowa 50319.