STATE OF FLORIDA
OFFICE OF EXECUTIVE CLEMENCY

RON D. DeSANTIS, GOVERNOR, CHAIRMAN
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WILTON SIMPSON, COMMISSIONER OF AGRICULTURE
and CONSUMER SERVICES

Request for Review Application
For Commutation of Sentence Only

COMMUTATION OF SENTENCE REQUIREMENTS: You are eligible to apply if you are serving a prison term of 5 years or more after you complete whichever of the following is greater: (a) one third of your prison term; (b) one half of your minimum mandatory sentence; or (c) 20 years of your life sentence. All applications received for prison terms of less than 5 years will be rejected.

DIRECTIONS: All required court documents must be attached to this application. Please refer to the "Court Documents Section" below for a list of required court documents. Please print all information on the application clearly. Unreadable applications, documents in sheet protectors, notebooks, and/or binders will be rejected. You may either staple or use binder clips to attach documents to your application.

☐ **Commutation of Sentence (for Florida prison sentence of 5 years or longer)**
(Ineligible to apply if you were convicted in a federal, military, or out-of-state court.)

PERSONAL IDENTIFIERS SECTION

DIRECTIONS: All applicable personal identifiers must be completed, or the application will be rejected.

DC number: __ __ __ __ __ __

Name used when conviction(s) occurred: _____

Current Name, if different: _____

Mailing Address: _____
Street or P.O. Box City County State Zip

Date of Birth: _____Sex: ☐ Male ☐ Female Social Security number:_____

U.S. Citizen? ☐ Yes ☐ No Alien Registration number: _____

CHARGES/CONVICTIONS SECTION

DIRECTIONS: List each felony conviction for which you are seeking clemency. If you require more space, attach a separate sheet of paper listing the additional convictions. Do not fill out a separate clemency application form to list the additional information.

1. _____
2. _____
3. _____
4. _____

COURT DOCUMENTS SECTION

DIRECTIONS: Section 940.04 of the Florida Statutes entitles you to obtain certified copies of various court documents from the applicable clerk of court free of charge. You **MUST ATTACH TO THIS APPLICATION** certified copies of court documents for **EACH** felony conviction for which you are seeking clemency. The application will be rejected if the required court documents are not attached. Court documents include:

1. Certified copy of the charging instrument (indictment, information, or warrant with supporting affidavit)
2. Judgment and sentence

Optional Supporting Documents: Only submit documents that are relevant to the clemency request. Do not submit pictures. Any submitted documents or material that are not relevant to the application for clemency will not be retained.

Applicant or Attorney Signature_____ **Date**_____

Applicant or Attorney (required)

YOU DO NOT NEED AN ATTORNEY FOR THIS PROCESS. However, if you have chosen to be represented by an attorney for the clemency process, please provide the attorney name, address, and phone number.

_____

Attorney Name Address Telephone Number

STATEMENT SECTION

DIRECTIONS: You may provide a statement regarding your clemency request that is limited to the space provided below. If the statement exceeds the space provided below, it will not be considered or retained.

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STATEMENT SECTION CONTINUED

Mailing Address: Office of Executive Clemency, 4070 Esplanade Way, Tallahassee, FL 32399-2450