



STATE OF FLORIDA
OFFICE OF EXECUTIVE CLEMENCY

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S. MICHELLE WHITWORTH, COORDINATOR

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. _____

