



Kim Reynolds
GOVERNOR

OFFICE OF THE GOVERNOR

Chris Cournoyer
LT. GOVERNOR

Application for Commutation of Sentence

1. CONTACT INFORMATION

Name: _____ Date of Birth: _____

Inmate Number: _____ Institution: _____

Have you ever applied for commutation of sentence? ☐ Yes ☐ No

If so, provide the date(s) you applied and the reason(s) for denial: _____

2. OFFENSE FOR WHICH COMMUTATION 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: _____

Date of conviction: _____ County of conviction: _____

Sentence Imposed: _____

Have you paid all fines, costs, and restitution ordered? ☐ Yes ☐ No

List additional arrests, charges, or convictions on a separate sheet of paper.

4. TREATMENT, EMPLOYMENT, AND EDUCATION

List any treatment classes or programs you have completed while incarcerated: _____

List all jobs you have maintained while incarcerated:

Job	Dates Worked (Month/Year - Month/Year)

Prior to incarceration, list the highest level of education you achieved: _____

List any degrees you received while incarcerated: _____

Have you received any disciplinary action(s) in the last five years? ☐ Yes ☐ No

If so, explain each circumstance: _____

5. VOLUNTEER INFORMATION, HONORS, AND AWARDS

List all community service or volunteer service projects that you have participated in since your incarceration: _____

List all honors, awards, or achievements that you have accomplished since your incarceration:

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: _____

6. REQUEST FOR COMMUTATION

Describe, in your own words, why you believe you are deserving of a commutation of your sentence: _____

7. 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 commutation of sentence.

Signature: _____ Date: _____

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