

State of Arkansas
Commutation (Time-Cut) Application

Instructions

A Commutation (time cut) is not a right but a discretionary duty of the Governor that can be denied for any reason. An applicant for Commutation (time cut) should understand that the process will take several months, even a year or more in some instances.

The Parole Board must review all applications. After the Parole Board makes the review and recommendation, you will be notified. Please, do not call the Parole Board concerning results.

The Governor relies on the recommendation of the Parole Board and will not review any application, which has not been first reviewed by the Parole Board. **The Governor does not review files taken out of order.** There is no appeal process for Commutation (time cuts). If the Governor denies the application, that decision is final.

Incorrect information will be grounds for denial.

You must answer all questions or your application will be returned.

Attach additional pages if necessary to answer questions.

Type or print this application using blue or black ink pen.

If not incarcerated send application to:

DCC Institutional Release Services (IRS)
Executive Clemency Department
2801 S. Olive St. Suite 6-D
Pine Bluff, AR. 71603

**IF INCARCERATED SEND APPLICATION THROUGH
Institutional Release Officer (IRO) at your unit of assignment**

Commutation (time cut) Application

Institutional Release Services

2801 S. Olive St. Suite 6-D

Pine Bluff, AR. 71603

870-543-1029 / 870-879-6725 (fax)

Name _____ Date of Birth _____
Address _____ Race _____ Sex _____
City _____ ADC# _____
State _____ Zip _____ SS# _____
Home Phone # _____ Cell phone # _____

.....
Person preparing the application if other than yourself:

Name: _____

Address _____

Telephone numbers (home): _____ (work): _____

Is the person preparing the application an attorney? Yes ___ No ___ AR bar # _____

Reason for Requesting a Commutation (time cut)

1. ___ I wish to correct an injustice which may have occurred during the trial. I have attached letters or other documentation that will support this claim. (If you wish to attach explanations or statements to this application, it will be considered as a part of the application.)
2. ___ I have a life-threatening medical condition which does not qualify for Act 290. I have attached a statement explaining my condition. (You must provide a medical information release in order for the Board to view your medical records.)
3. ___ I want to adjust what may be considered an excessive sentence.
4. ___ My institutional adjustment has been exemplary and the ends of justice have been achieved.

All supporting documentation must be available when the Board considers your application.

1. You must list below, **ALL CRIMES WHICH YOU WANT COMMUTED (time cut).**

Crime	County of conviction	Date	Court Docket number	Sentence	Date of discharge

2. Were there victims in your crimes? YES _____ NO _____ If so, how many? _____
 If yes, answer the following questions:

Did you know the victim? YES _____ NO _____

a. If yes, what was the relationship? _____

b. Was the victim injured? _____

c. Age of the victim _____

d. Was the victim a law enforcement or public official? _____

3. Were other persons involved in the crimes listed above? Yes _____ No _____
 if yes, list the names of your accomplices and what, if any, sentences they received.

Name	Sentence

4. Concerning the facts of the crimes, **briefly** explain what happened in each case. _____

5. Explain why you think the Governor should grant you a commutation (time cut). _____

6. Describe what you have done to demonstrate your rehabilitation. (Community programs, volunteer work, furthering education, speaking engagements, mentoring to others, etc.) _____

7. Are you a SEX OFFENDER that is currently required to register by law? Yes____ No _____

If your answer is yes, answer the following questions.

Has your registration been kept current since being required? _____

If no, explain why not _____

You must submit your most recent sex offender risk assessment with this application. (This may be obtained from your local sheriff's office.)

8. List all other crimes **not listed before**, even out of state crimes, traffic violations, misdemeanors, etc. **that you do not want to be considered for commutation (time cut).**

Crime	County of conviction	Date	Court Docket #	Sentence

PERSONAL BACKGROUND

1. Are you: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

List the following information:

Name of Spouse	Date of marriage	Date Marriage ended	Reason (divorce/death, etc)

2. Do you have children? Yes ____ No ____ If so, how many? _____

Name	Age	Address

3. Have you ever served in the Armed Forces? Yes _____ No _____
 If yes, what branch? _____

4 .What type of discharge did you receive? Honorable _____ Dishonorable _____
 Medical _____ Other _____

EMPLOYMENT BACKGROUND

1. Please provide the following information about your current job:

Name of employer _____

Employer’s address and phone # _____

When were you hired _____

Give a brief description of your job duties:

2. If you are currently unemployed, but on disability, please explain how you became disabled.

For previous jobs you have held, list the following information:

Dates		Employer	Address & Current Phone	Reason for Leaving
From	To			

EDUCATIONAL BACKGROUND



School	Address	Dates of Attendance	Highest grade completed & Degrees

By signing and submitting this application, I hereby swear and affirm that the information provided is true and accurate to the best of my knowledge and I hereby waive any state or federal privacy protections or other privileges to the extent allowable by law.

I understand that incorrect information provided, will be grounds for IMMEDIATE DENIAL!

You must answer all questions or your application will be returned.

Applicant's Signature: _____

Date of Application: _____

Subscribed and sworn to me this _____ day of _____, _____.

My Commission expires: _____

_____ Notary Public