



# Tony Evers

Office of the Governor | State of Wisconsin

## State of Wisconsin Pardon Application

**Notice:** This application and any materials submitted in support of it may be used for purposes other than consideration for a pardon. Further, the application and materials are subject to public disclosure under Wisconsin's Public Records Law, which means they may be released to members of the public if requested. Wis. Stat. §§ 19.31-19.39.

**Eligibility:** You are eligible for a pardon only if **all** of the following conditions apply to you:

1. You are seeking a pardon for a Wisconsin felony conviction.
2. It has been *at least* five (5) years since you finished any criminal sentence. This means you:
  - a. Completed all confinement; and
  - b. Completed all supervised release (e.g., probation, parole, or extended supervision).
3. You do not have any pending criminal cases or charges in any jurisdiction.
4. You are not currently required to register as a sex offender.

The Pardon Advisory Board will reject, without a hearing, any applications that do not meet the above criteria. You will be notified if your application is rejected due to ineligibility.

**Directions:** You must answer each question in the application. Ineligible or incomplete applications will be rejected. If you need more space to answer a question, you can attach additional pages to your application so long as you are clear about which question you are answering. Your application and accompanying materials must be mailed to the address below. Electronic submissions will not be accepted.

Office of the Governor  
Attn: Pardon Advisory Board  
P.O. Box 7863  
Madison, WI 53707

Before you submit your application, make a copy of it for your own records. You must let the Pardon Advisory Board know if your contact information changes.

Applications can be filled out by a "preparer," which is someone other than the applicant, only if the applicant has given that person express permission to do so. Even if an applicant uses a preparer, the applicant still must sign and certify the application as described below.

**Process after submission:** If your application is found to be eligible and complete, you may be scheduled for a hearing before the Pardon Advisory Board. At the hearing, you will have approximately fifteen (15) minutes to answer questions about your offense, how your sentence went, what you have done since the completion of your sentence, and why you think you should receive a pardon. The hearings are open to the public and often streamed online. Your application will be forwarded to the Governor for consideration if a majority of the Board's members recommends a pardon.

Due to high demand, please be aware that it may take over a year for action on your application.

**Inquiries:** Frequently asked questions about the pardon process are available online here: [www.evers.wi.gov/Pages/pardon-information.aspx](http://www.evers.wi.gov/Pages/pardon-information.aspx). Other questions may be emailed to [GOVPardons@wisconsin.gov](mailto:GOVPardons@wisconsin.gov).

**Section 1: Personal Information**

1. Provide the following personal information:

Name (First Middle Last)		Date of birth (MM/DD/YYYY)
Email address		Home phone
Work phone		Cell phone
Place of birth (City, State)		Gender (optional)
Social Security Number		Race or Ethnicity (optional)
Home address		Mailing address

Maiden/alias/former name(s)	Dates used (MM/YY – MM/YY)

**Section 2: Criminal History**

2. List each crime for which you are seeking a pardon. *Attach additional pages if necessary.*

Crime	Court case number	County of conviction
Date of offense	Sentencing date	Sentence received (confinement and supervision)
Date you completed your sentence	District attorney(s) who oversaw your conviction	Judge(s) who presided over your conviction

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3. For each crime listed above, attach a certified copy of: **(1) the criminal complaint, (2) the information, and (3) the judgment of conviction.** You can get certified copies of these three documents from the clerk of courts in the county of conviction. You will likely have to pay photocopying and certification fees. Uncertified copies will not be accepted.

I have attached certified copies of these three court documents. Yes  No

4. Have you ever been convicted of any crimes other than those listed above? This includes juvenile cases or adjudications, expunged or sealed cases or convictions, and convictions from other places, such as from other states or federal convictions. Yes  No

If yes, provide the following information. *Attach additional pages if necessary.*

Crime	Court case number	County of conviction	Sentence received (confinement and supervision)	Date sentence completed

5. Were you ordered to pay restitution for any of your crimes? Yes  No

If yes, have you paid the full amount ordered? Yes  No

*If you have proof that you paid restitution, please include it with your application.*

6. Have you ever applied for pardon before? Yes  No

If yes, please provide the date of the request (MM/YYYY): \_\_\_\_\_

If yes, did you receive a hearing or formal denial? Please describe and provide the date of the hearing and/or receipt of formal denial:

7. Except for the crime(s) listed above for Questions 2 and 4, have you had any other interactions with law enforcement? This includes arrests that did not lead to any charges, deferred judgments, criminal charges that were later dropped or dismissed, or instances where you have been the subject of criminal investigations. Yes  No

If yes, explain the interaction(s) in your own words, including the date, state and county, and the circumstances which led to the contact(s). *Attach additional pages if necessary.*

8. Has anyone ever gotten a restraining order or order of protection against you? Yes  No

If yes, explain what happened and when. *Attach additional pages if necessary.*

**Section 3: Grounds for a Pardon**

9. In your own words, describe *in detail* the crime(s) for which you are seeking a pardon. Explain what happened, why you committed the crime(s), and any other information you believe the Pardon Advisory Board should consider related to the criminal activity. *Attach additional pages if necessary.*

10. Describe the specific reason(s) why you want or need a pardon. This includes whether the pardon is necessary for a specific occupational license or other professional reasons. *Attach additional pages if necessary.*

11. Describe any other reason(s) why a pardon should be granted. This includes the length of time since conviction, the lack of subsequent criminal contacts, personal development and growth since conviction, additional documented need for a pardon, etc. *Attach additional pages if necessary.*

12. List your employment history since your conviction. Include times when you were unemployed. *Attach additional pages if necessary.*

Employer	Position held	Employer address and phone number	Name of supervisor	Dates of employment

13. List the highest grade you completed or degree you received: \_\_\_\_\_

14. Describe any education you have received since conviction. List all courses, programs, certificates, or degrees completed, including prison programs. Transcripts, diplomas, or other documentation may be attached, but are not necessary. *Attach additional pages if necessary.*

15. If you served in the military, provide the details of your service, including the dates of service, the branch of service, rank or rate, and type of discharge received. *Attach additional pages if necessary.*

16. Describe any community service, activities, or volunteer work you have participated in since conviction. *Attach additional pages if necessary.*

17. Describe any treatment or counseling you have participated in since conviction. *Attach additional pages if necessary.*

18. Describe any other steps or actions that you have not mentioned so far that you have taken since conviction to address your criminal behavior or to become a positive member of your community. *Attach additional pages if necessary.*

19. Attach **letters of recommendation** and any other relevant documents that you would like the Pardon Advisory Board to consider. *Optional but strongly encouraged.*

**Section 4: Notice of Pardon Application**

20. Complete and mail the notice forms (provided below) to each clerk of courts and each district attorney's office that oversaw over your conviction(s). If you are seeking a pardon for convictions from multiple counties, the clerk of courts and district attorney's office from each county must be sent a notice form. It is *strongly encouraged* that you provide the clerk of courts and district attorney's office a copy of your application materials or a cover letter explaining why you are seeking a pardon.

I sent the notice forms to the clerk of courts and district attorney's office that oversaw my conviction(s). Yes  No

**Section 5: Background Check Authorization**

By signing this form, I authorize the State of Wisconsin to conduct a background investigation and verify the information provided above. I also authorize the Department of Corrections to release any confinement or supervision records to the Office of the Governor, any designee tasked with evaluating pardon applications, and the Pardon Advisory Board. In connection with this consent, I authorize the use of law enforcement agencies and/or private background check organizations to assist in collecting this information. I also authorize and request any present or former employer, school, police department, financial institution or other person(s) with personal knowledge of me to provide the requestor with any and all information in their possession regarding me in connection with my application for pardon. I authorize that a photocopy of this authorization be accepted with the same authority as the original.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 6: Certification**

I certify, under the penalty of perjury, that the information in this application is true and correct to the best of my knowledge and that I have complied with the above Section 4 notice requirements.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Applicant must sign in the presence of a Notary Public.*

FOR NOTARY USE ONLY:

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary public signature: \_\_\_\_\_

My commission is permanent/expires: \_\_\_\_\_

FOR PREPARER USE ONLY:

*To be completed and signed if application was completed by someone other than the applicant.*

Preparer's Printed Name: \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Section 7: Application Checklist**

Before submitting your pardon application, review the checklist below and check each item. You are not required to submit this form with your application; it is for your own personal use.

Questions	Yes	No
I am eligible for a pardon, meaning I meet all eligibility criteria listed on page one (1) of the application.		
I have answered every question on the pardon application.		
I have made a copy of my pardon application for my own records.		
<b>I enclosed the following materials with my application:</b>	Yes	No
The <i>certified</i> criminal complaint for <i>each</i> crime for which I am seeking a pardon.		
The <i>certified</i> information document for <i>each</i> crime for which I am seeking a pardon.		
The <i>certified</i> judgment of conviction for <i>each</i> crime for which I am seeking a pardon.		
Letters of recommendation. ( <i>Optional but strongly encouraged</i> )		
Other relevant documents. ( <i>Optional</i> )		
<b>I mailed a notice form to the parties listed below for each conviction I am seeking a pardon.</b> (Do <u>not</u> submit the notice forms with your application. Mail the forms directly to the parties listed below.)	Yes	No
The clerk of courts in the county of my conviction(s).		
The district attorney's office in the county of my conviction(s).		

Mail your completed application to the below address. Electronic submissions will not be accepted.

Office of the Governor  
 Attn: Pardon Advisory Board  
 P.O. Box 7863  
 Madison, WI 53707

## Notice to Judge of Pardon Application

**TO THE APPLICANT:** Fill out the information below. Mail this form to each clerk of courts that oversaw your conviction. Do not submit this form with your pardon application. It is *strongly encouraged* that you provide the clerk of courts a copy of your application materials or a cover letter explaining why you are seeking a pardon.

Applicant name	Date of birth (MM/DD/YYYY)
Mailing address	Phone number and email address

I am seeking a pardon for the following crime(s):

Crime	Court case number	County	Sentence	Sentencing date (MM/DD/YYYY)

Pardon applicant: do not fill out anything beyond this point.

**TO THE JUDGE:** The Governor and the Governor’s Pardon Advisory Board request your opinion on whether the above-named applicant should be granted a pardon. Your support or opposition to a pardon will be given significant weight by the Governor and the Board. If you have questions, please email [GOVPardons@wisconsin.gov](mailto:GOVPardons@wisconsin.gov). Thank you for your assistance.

Judge’s comments ( <i>Support / Oppose/ No Opinion</i> )		
Judge’s name (print)	Judge’s signature	Date

Please send the completed original form to Office of the Governor, Attn: Pardon Advisory Board, P.O. Box 7863, Madison, WI 53707 or [GOVPardons@wisconsin.gov](mailto:GOVPardons@wisconsin.gov), and a copy to the applicant at the mailing address or email address listed above.

## Notice to District Attorney of Pardon Application

**TO THE APPLICANT:** Fill out the information below. Mail this form to each district attorney's office that oversaw your conviction. Do not submit this form with your pardon application. It is *strongly encouraged* that you provide the district attorney's office a copy of your application materials or a cover letter explaining why you are seeking a pardon.

Applicant name	Date of birth (MM/DD/YYYY)
Mailing address	Phone number and email address

I am seeking a pardon for the following crime(s):

Crime	Court case number	Sentence	Sentencing date (MM/DD/YYYY)

Pardon applicant: do not fill out anything beyond this point.

**TO THE DISTRICT ATTORNEY:** The Governor and the Governor's Pardon Advisory Board request your opinion on whether the above-named applicant should be granted a pardon. Your support or opposition to a pardon will be given significant weight by the Governor and the Board. If you have questions, please email [GOVPardons@wisconsin.gov](mailto:GOVPardons@wisconsin.gov). Thank you for your assistance.

DA's or ADA's comments ( <i>Support / Oppose/ No Opinion</i> )		
DA's/ADA's name (print)	DA's/ADA's signature	Date

Please send the completed original form to Office of the Governor, Attn: Pardon Advisory Board, P.O. Box 7863, Madison, WI 53707 or [GOVPardons@wisconsin.gov](mailto:GOVPardons@wisconsin.gov), and a copy to the applicant at the mailing address or email address listed above.