PARDON INFORMATION AND INSTRUCTIONS

Please read carefully before completing the pardon application.

It is important to note that a pardon is not a right, but an exceptional privilege, which only the Governor has the power to grant.

The Governor can only grant pardons for criminal convictions, which have occurred in the State Courts of Hawaii. Any criminal convictions that occurred in other States or in Federal Court, would have to be addressed through the processes of those jurisdictions.

For criminal convictions in the State of Hawaii, the pardon process starts with the completion of the pardon application form. Once the application is submitted as instructed, it is reviewed and investigated by the Hawaii Paroling Authority, the Department of Corrections and Rehabilitation and the Department of the Attorney General. Reviews and investigations often include interviews with not only the applicant, but with references listed by applicants and others whom are identified through investigation. Therefore, it can be a lengthy process.

You should note that a pardon is different from an expungement, where a crime is deleted from one's criminal record. The Governor does not have the power to expunge a record. If a pardon is granted, the criminal history record will show both the conviction and pardon. In the State of Hawaii, expungements are only provided for in certain situations. Information regarding expungement matters should be addressed with the State of Hawaii's Department of the Attorney General. A pardon does not involve, nor is it a step toward an expungement. While a pardon may be helpful to one's employability, employers can differ on whether a pardon alone will suit their requirements.

After submitting your application, if you have changes to your residence or mailing address, telephone number(s), employment, etc., please immediately notify this agency in writing at the address provided above so that we can update your pardon packet. We hope that the foregoing provides some guidance on what this process entails and how to begin the process of applying for a pardon.

<u>Submit the Pardon Application & Character Affidavits to the Hawaii Paroling Authority (HPA)</u>

- COMPLETE THE OFFICIAL STATE OF HAWAII PARDON APPLICATION IN IT'S ENTIRELY WITHOUT ANY ALTERATIONS TO THE 7-PAGE FORM PACKET AND SIGNED BEFORE A NOTARY PUBLIC.
- 2. YOU WILL NEED THREE (3) PEOPLE (WHO PERSONALLY KNOW YOU) TO COMPLETE THE CHARACTER AFFIDAVITS. EACH AFFIDAVITS MUST BE SIGNED BEFORE A NOTARY PUBLIC.
- 3. IF YOU SERVED IN THE UNITED STATES MILITARY, SUBMIT A COPY OF YOUR SEPERATION PAPERS (FORM DD-214) FOR VERIFICATION OF SERVICE.
- 4. MAIL THE COMPLETED NOTARIZED PARDON APPLICATION AND THE THREE (3) NOTARIZED CHARACTER AFFIDAVITS TO:

HAWAII PAROLING AUTHORITY
ATTN: FIELD PAROLE BRANCH ADMINISTRATOR
1177 ALAKEA STREET, GROUND FLOOR
HONOLULU, HAWAII 96813

PARDON APPLICATION

				Ι	Date
The Governor of Hawai State Capitol, 5 th Floor Honolulu, Hawaii 9681					
Full Name: I,	F:4		liddle		Land
	FIFSt	IV	nddie		Last
Other Names including	the name wh	ich you were convict	ed (i.e. maiden nam	ne, name by	a former marriage, aliases)
a citizen of			, respe	ectfully req	uest from your Excellency,
a pardon for the following	ng convictio	ns:			
<u>Crime</u>		Conviction Date	Sentence Date	<u>Court</u>	<u>Disposition</u>
I was released from pris	son on parole	e on			
My parole/probation pe (Strike Inappropriate Wo		and I was discharge		bation on oriate Word)	

PERSONAL INFORMATION

Date of Birth:		Place of Birth:		
Sex:	3. Social	Security No.:		
Physical Address:				
Years resided at physical addr				
Mailing Address:				
Cell Number:	Home	Number:		
Email Address:				
Current Marital Status: Single				
Full Name of Spouse		Date of	f Marriage	Date of Divorce
Address		Telepho	one Number	
Full Name of Child		Date o	f Birth	Age
Full Name of Child		Date o	f Rirth	Age
Full Name of Child		Date o		
Full Name of Child		Date o	I Birth	Age
Full Name of Child		Date o	f Birth	Age
Full Name of Child		Date o	f Birth	Age
All Children Living With Me:	Yes	No		
If No, explain:				
List Parents Full Names:				
List Siblings (brother and sisted If you have no siblings, indicated page.			you need more spa	ce, use a continuation
Name of Sibling	Age	Name of	Sibling	Age
Name of Sibling	Age	Name of	Sibling	Age
Name of Sibling	Age	Name of	Sibling	Age

School Name	<u>Dates: From – To</u> (Month/Year)	<u>Location</u> (City and State)	<u>Year Gradı</u>
Employment History List all employment and If you need more space,	unemployment since leaving school	, beginning with the present ar	nd working backw
Employer	Date: Start - Ended (Month/Year)	Address and Telephone N	<u>[umber</u>
Military Record			
•	in the armed forces of the United	States? Yes N	No
Have you ever served	in the armed forces of the United Bran		
Have you ever served Dates of Service:		ch:	

16.	Have you ever applied for a State of Hawaii gubernatorial pardon before?	Yes	No
	If Yes, what year(s):	_	
17.	Are you requesting express authorization to own and/or possess firearms?	Yes	No
18.	Reason for Seeking Pardon State your reasons for seeking a pardon. If you need more space, use a continuation		
		Signature	f Applicant
At	t least three (3) character affidavits are required and must be notarized and submitted	-	
	CERTIFICATION AND PERSONAL OATH		• • •
I,	, residing at by certify that all answers to the above questions contained herein are true and corre	at to the bas	at of my knowledge
inforn In peti and w	nation, and belief. itioning the Governor of the State of Hawaii for pardon, I do solemnly swear that I ill support and defend the Constitution of the United States against all enemies, fore bligation freely and without mental reservation whatsoever, so help me.	will be law-	abiding in the future
	ongunen neery und without memuricer values with see near me		
		Sig	nature
	ribed and sworn to before me, this, 20		
Notar Mv C	y Public ommission Expires:		
, 0			

CHARACTER AFFIDAVIT

1,	(.	Print Your Full N	Name)			······································
residing at						
residing atNumber	Street		City	State	Zip Code	
		, whose occ	upation is			,
(Telephone Number Including	ng Area Code)					
depose and certify that I have to of my knowledge and belief(s) moral and law-abiding manner	he/she has, sinc	n the petitioner ce being release	d from prison/	parole/probation	conducted them	To the best selves in a
That					is currently e	mployed by
That	(Print Name of	Petitioner)				
			at			
(Emp	loyer)			(L	ocation)	
in the capacity of			and has been a	employed by the	m for	vear(s)
in the capacity of(Positi	on Title)			<u>-</u>		
This affidavit is made by me, i made to the Governor of the S			estore their civ	il rights.		
I do solemnly swear that the fobelief.	oregoing informa	ation is true and	correct to the	best of my know	vledge, informati	on, and
				Si	gnature	
Subscribed and sworn to befor day of	, 2				C	
Notary Public						
Notary Public My Commission Expires:						

CHARACTER AFFIDAVIT

1,	(Print Y	our Full Name)			,
residing at					
residing at Number Stre	et	City	State	Zip Code	<i>.</i>
	, w	hose occupation is			,
(Telephone Number Including Are	a Code)	-			
depose and certify that I have person of my knowledge and belief(s) he/sh moral and law-abiding manner.		g released from prison		conducted thems	
That				is currently e	mployed by
That(Pri	nt Name of Petitio	oner)			
		at			
(Employer)			(L	ocation)	
in the capacity of		and has been	employed by the	em for	year(s).
in the capacity of(Position Tit	le)		<u>-</u> <i>j</i>		
This affidavit is made by me, in sup made to the Governor of the State or			vil rights.		
I do solemnly swear that the foregoi belief.	ng information is	s true and correct to the	e best of my knov	vledge, informatio	on, and
		_	Si	gnature	
Subscribed and sworn to before me, day of			-	B	
Notary Public My Commission Expires:					
My Commission Expires:					

CHARACTER AFFIDAVIT

1,	(Print Yo	our Full Name)		
residing at				
residing at Number Stre	et :	City	State	Zip Code
	, wl	hose occupation is		
(Telephone Number Including Are	a Code)			
depose and certify that I have persor of my knowledge and belief(s) he/sh moral and law-abiding manner.		g released from prison		conducted themselves in
That				is currently employed
That(Pri	nt Name of Petition	ner)		
		at		
(Employer)			(L	ocation)
in the capacity of		and has been	employed by the	m for yea
in the capacity of(Position Title	le)			
This affidavit is made by me, in sup made to the Governor of the State of			vil rights.	
I do solemnly swear that the foregoi belief.	ng information is	true and correct to the	e best of my knov	vledge, information, and
		_	Si	gnature
Subscribed and sworn to before me, day of				5
Notary Public				
Notary Public My Commission Expires:				