

# *OKLAHOMA PARDON AND PAROLE BOARD COMMUTATION APPLICATION AND INSTRUCTIONS*

## *General Information on Commutation*

A commutation consideration is not intended to serve as an early release mechanism but to correct an excessive or unjust sentence. An excessive or unjust sentence is considered in relation to the range of punishment for that crime, evidence that was not available to the court or jury at the time of trial, or a statutory change in the penalty for the crime that now makes the original penalty appear excessive. A commutation is a substitution of a lesser incarceration term for a greater one or a modification or reduction of a punishment. A commutation consideration is a rare and separate process from a parole or a pardon.

In Oklahoma, only the Governor can approve the commutation of a sentence after a favorable recommendation of the Pardon and Parole Board. The submission of an application does not imply or guarantee that the Pardon and Parole Board will favorably recommend a commutation and/or that the Governor will approve a commutation.

The Pardon and Parole Board utilizes a two-stage process for commutation consideration. The first stage is a Jacket Review. During the Jacket Review, the Pardon and Parole Board will review the application along with any other materials that are submitted with application to determine if the application has merit and should be passed to Stage Two.

If the application is passed to Stage Two, the inmate will have a personal appearance with the Pardon and Parole Board via video conferencing. If an inmate receives a misconduct prior to the hearing, the personal appearance will be cancelled, and the inmate will become ineligible for that commutation.

Any number of family and friends, often referred to as delegates, are allowed to attend the Stage Two Hearing; however, only two (2) persons can sit before the Pardon and Parole Board and only one (1) is allowed to speak. Delegates speaking on behalf of the inmate are limited to two (2) minutes. Delegates may also submit letters in support of the inmate's application to the Pardon and Parole Board for review. The support letters must be submitted with the application. Letters may be typed or handwritten on one-side only. Handwritten letters must be legible. Please do not use staples. Letters must include the inmate's name, DOC number, and docket month and year on top of the each page. The deadline to submit such documentation is the Tuesday before the hearing date.

Victims and/or victim's representatives, the judicial representative from the court of conviction, a Representative from the arresting law enforcement agency and the District Attorney are also allowed to speak in protest of the application.

After the personal appearance, the Pardon and Parole Board will vote to either recommend a commutation or deny the request. If a recommendation occurs, the commutation will be forwarded to the Governor. The Governor will make the final decision to approve or deny a commutation.

## *Eligibility*

Applications can be submitted at any time. However, after an unfavorable recommendation by the Board or the Governor, an applicant may reapply: 1) upon recommendation from the Governor; 2) if there has been a statutory change in the penalty for the crime; or 3) three years from date of denial. Applications, which are deemed as ineligible, will not be processed and the applicant will be notified.

## *Completing the Application*

The applicant should take the following steps in completing the application.

1. Type or print the answers in ink.
2. If the application is illegible, it will be returned and will not be processed.
3. It is the applicant's responsibility to submit a completed application. Every number and blank must have a response. If the answers to a question are incomplete, unclear, or non-responsive, you will be notified. The application will not be processed until it is complete. Each question must be answered fully, truthfully, and accurately.
4. **If the space provided for any answer is insufficient, the answer must be completed on the Optional Continuation Page that is provided. List the question number and include with the application. The applicant must list only one question on each continuation page.**
5. Altered or retyped forms will be returned.
6. Application forms must be filled out completely, signed, dated, and notarized where required.
7. The submission of any false information is grounds for immediate denial of the application.
8. In completing the application, using "See Attached" on a question is considered non-responsive, unless using the Continuation Page Form. Applicants are expected to complete the question as indicated and include additional information using the Optional Continuation page.
9. Do not include the instructions with the application (pages 1-3).
10. Do not staple or bind the application in any way.

**APPLICANTS SHOULD KEEP A COPY OF THE COMPLETE APPLICATION!**

## *Submitting the Application*

Send the completed application to: Oklahoma Pardon and Parole Board, Attn: Commutation, 2915 N. Classen Blvd., Suite 405, Oklahoma City, Oklahoma, 73106

## *Timeline*

Once a completed application is submitted and processed, the commutation will be placed on the next available docket of the Pardon and Parole Board.

## *For More Information*

For more information, contact the Pardon and Parole Board at 405/521-6600.

**OKLAHOMA PARDON AND PAROLE BOARD  
COMMUTATION APPLICATION**

**Instructions:**

Type or print the answers in ink. **Do not leave items or sections blank.** It is the applicant's responsibility to submit a complete application. If the space provided for any answer is insufficient, answers must be completed on the Optional Continuation Page, list the question number, and include with Optional Continuation Page with the application. Only one question for each Optional Continuation Page is allowed.

**GENERAL INFORMATION**

Name: \_\_\_\_\_  
                    First                                Middle                                Last                                Suffix (i.e. Junior)

Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender:  Male  Female DOC #: \_\_\_\_\_

Did someone else help you prepare the application?       Yes       No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Area Code/Telephone Number: \_\_\_\_\_

Is the person assisting in the preparation of the application an attorney?     Yes       No

If yes, OK Bar #: \_\_\_\_\_

If no, what is the relationship between the applicant and the person assisting in the preparation?

\_\_\_\_\_

1. Are you a United States citizen?      **Yes**      **No**
2. Have you ever applied for a Commutation before?      **Yes**      **No**

If yes, list the month(s) and year(s) of every application for which you have previously applied?  
*Start with the first application and end with the most recent application.*

<b>Month</b>	<b>Year</b>

***OVERVIEW OF OFFENSES FOR COMMUTATION CONSIDERATION***

3. List the case number(s), offense(s) or the crime(s) committed) the county, and the sentence length for every Oklahoma conviction, for which a commutation is being requested. If a case is a consecutive sentence (CS) or concurrent sentence (CC), list in the sentence length. The subsequent section entitled, *Detail of Offenses for Commutation Consideration*, will request more detailed information. *If additional space is needed, list the question number on the Optional Continuation Page.*

<b>CASE NUMBER, INCLUDING COUNTS</b>	<b>OFFENSE</b> (Crime Committed as named on the Judgement and Sentence)	<b>COUNTY</b>	<b>SENTENCE LENGTH</b> (Including CS and CCs)

4. Were there victims in your crimes?  **Yes**     **No**

A. If yes, how many? \_\_\_\_\_

B. Did you know the victim(s)?  **Yes**     **No**

C. If yes, what was the relationship? \_\_\_\_\_  
\_\_\_\_\_

D. Were the victim(s) injured?  **Yes**     **No**

E. Age(s) of the victim(s)? \_\_\_\_\_

F. Were other persons involved in the crimes listed above?  **Yes**     **No**

G. If yes, list the name(s) of your accomplice(s) and what, if any sentences they received.

<b>NAME OF ACCOMPLICES</b>	<b>SENTENCE OF ACCOMPLICES</b>

5. Do you have a detainer(s)?  **Yes**     **No**

6. If yes, list the authority (ICE, County, City, State, etc.): \_\_\_\_\_

### ***ACCOUNT OF THE OFFENSE***

7. For each criminal case and the count(s) for which you are seeking a commutation as listed in Question 4, describe in detail your involvement in the crime, who else was involved, and what were your actions before, during, and after the crime. Be specific and describe your exact responsibility. If you are seeking a commutation for more than one criminal case, list the case number and describe each separately. *If more space is needed, use the Optional Continuation Page and list the question number.*

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Question 7. Account of the Offense (continued)

Blank lined area for writing an account of the offense.

**REASON(S) FOR SEEKING A COMMUTATION**

8. A Court sentenced you for a crime or crimes that you committed. Please select why you are now seeking to reduce your sentence through a commutation:

Select One or More:

- 1) Given the range of punishment for the crime, this penalty is now excessive.
- 2) There are facts which were not available to the court or jury at the time of the trial.
- 3) There is a statutory change in penalty for the crime which makes the original penalty appear excessive.

*For each item checked above, provide, in detail why you believe that Item 1, 2, or 3 applies to you. If more space is needed, use the Optional Continuation Page and list the question number.*

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## ***CERTIFICATION AND PERSONAL OATH***

I certify that all answers to the above questions and all statements contained herein are true and correct to the best of my knowledge and information. I understand that any intentional misstatement of material facts contained in this application may cause adverse action on my application for a commutation.

I understand that there is no appeal process upon denial of an application for commutation.

I have read and understand the Commutation applications instructions. By signing and submitting this application, I understand and voluntarily accept the terms of the commutation if it is approved. In making application for a commutation from the Governor of the State of Oklahoma, I do solemnly swear that I will be a law-abiding citizen and that I take this obligation freely and without any mental reservation whatsoever.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_  
(Month, Day, Year)

### **NOTARY**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year)

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

My commission number is: \_\_\_\_\_

## **RELEASE OF INFORMATION TO THE PARDON AND PAROLE BOARD**

**Carefully read this authorization to release information, then complete and sign in ink (blue or black).**

I authorize any representative of the Oklahoma Pardon and Parole Board and/or the Oklahoma Department of Corrections, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, courts, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history, arrest, conviction, including the pre-sentence investigation report, if any, medical, psychiatric/psychological, health care, financial, and credit information.

I understand that, for financial or lending institutions and certain other sources of information, a separate specific release may be needed (pursuant to their request or as may be required by law), and I may be contacted for such a release at a later date.

I further authorize the Oklahoma Pardon and Parole Board and/or the Oklahoma Department of Corrections, or any other authorized state agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my suitability for a commutation.

I authorize custodians of records and sources of information pertaining to me to release such information upon request of any representative of the Oklahoma Pardon and Parole Board and/or the Oklahoma Department of Corrections or any state agency authorized above regardless of any previous agreement to the contrary. I understand that the information released by records custodians and sources of information is for official use by the State of Oklahoma only for the purposes of processing my application for a commutation, and may be re-disclosed by the State of Oklahoma only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for one (1) year from the date signed.

\_\_\_\_\_  
Full name (Typed or Printed)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

**RELEASE OF INFORMATION TO ATTORNEY  
OR OTHER AUTHORIZED PERSON**

I authorize the Pardon and Parole Board to release information, including but not limited to the investigative report and all contents therein without redaction. I understand this may include information relating to behavioral or mental health services, treatment for alcohol and drug abuse, and/or other protected health information.

This information may be released to:

Name or Title of Person or Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_  
Area Code/Phone: \_\_\_\_\_ Area Code/Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

The relationship to the individual listed above \_\_\_\_\_

This information is being released for the following purpose:  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I can revoke this Authorization at any time, except to the extent that action has been taken in reliance on it, by providing written notice to the Oklahoma Pardon and Parole Board. In any event, this Authorization expires in one (1) year from the date of signing or upon the condition(s) described above.

I understand that my records are currently protected by Oklahoma State statutes including Title 63, O.S. Section 1-502.2, and federal privacy regulations including the Health Insurance Portability and Accountability Act (HIPPA), 45 C.F.R. Parts 160 and 164. I understand that my health information specified above will be disclosed pursuant to this authorization, and that the recipient of the information may redisclose the information and it may no longer be protected by the HIPPA privacy law. When applicable, the federal regulations governing the confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, prohibits redisclosure of such information without my specific written consent or when permitted by regulations.

This Authorization is made freely and I voluntarily give this consent. You are hereby authorized to treat copies of this Authorization the same as originals thereof.

\_\_\_\_\_  
Full name (Typed or Printed)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed



