Restoration of Civil Rights

Non-violent Offenders Application

VIRGINIA RESTORATION OF CIVIL RIGHTS APPLICATION FORM

Use this form to apply for restoration of civil rights.

To apply for restoration of civil rights, you must:

- Be a resident of Virginia, and/or have been convicted of a felony in a Virginia court, a U.S. District Court, or a military court
- Have paid all costs, fines, and/or restitution associated with your convictions.
- Complete a two (2) year waiting period after completion of sentence and/or release from supervised probation or parole
- Not have any misdemeanor and/or pending criminal charges (excluding traffic convictions) within the past two (2) years immediately preceding the application
- Not have a conviction for DWI within the past five (5) years immediately preceding the application

Persons who have been convicted of a violent offense, a drug manufacturing or distribution offense, crimes involving children, or an election law offense are not eligible for this process using this form.
Call (804) 786- 2441 or go online to www.commonwealth.virginia.gov to get the appropriate form.

The Secretary of the Commonwealth will conduct a criminal history and DMV check on all applicants.

The civil rights restored through this process include the rights to:

- Register to vote
- Hold public office
- Serve on a jury
- Serve as a notary public

The restoration of rights does not restore the right to possess a firearm. You must petition the appropriate circuit court pursuant to Va. Code §18.2-308.2. It also does not expunge a criminal charge, which can only be done by petitioning a circuit court pursuant to Va. Code §§19.2-392.1 and 19.2-392.2.

This is not a pardon. A person who has been convicted of a felony must first have his or her rights restored in order to be considered for a simple pardon.

Applicants residing outside the Commonwealth of Virginia must include a certified copy of their Driving and Criminal Record from the state they reside.

In an effort to significantly expedite the decision making process, if you have a certified copy of the felony sentencing order and proof of payment of court ordered costs, fines and/or restitution, you may include that with the application. If not included, the Office of the Secretary of the Commonwealth will request such copies from the appropriate court. The Secretary of the Commonwealth will also request the required information from the petitioner's probation officer, if applicable. The application will not be considered to be complete until the Secretary of the Commonwealth receives such information.

If there is any additional information you would like to provide the Governor for consideration of your request, please feel free to do so.

The Governor has the sole discretion to restore a person's civil rights under the Virginia Constitution. There is no process for appealing his decision. A person who has been denied may reapply after one year. The goal of the Administration is to have all decisions made within 60 days of the receipt of a complete and eligible application, with written notice given to the applicant.

If you have any questions, please call (804) 786-2441 or write to the address provided.

Mail to: Restoration of Rights, Secretary of the Commonwealth, P.O. Box 2454, Richmond, VA 23218

Application for Restoration of Rights for Certain Non-violent Offenders

Legal Name Now Used (Please Print): _____ Male_____ Female_____

Name as Convicted (Please Print): _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____

City, State and Zip_____

Mailing Address (if different from above):_____

☐ Home Phone: _____ ☐ Work Phone: _____ ☐ Cell Phone: _____

☐ Email (if available): _____

Please indicate above by checking the appropriate box (check all that apply) the number where you may be reached should we need additional information.

Felony Offense(s) for Which you seek Restoration of Rights: _____

_____

Please provide a brief description of community or comparable service or any other information you would like the Governor to know: _____

_____

_____

Court in Which Convicted: _____ County/State: _____

Date(s) of Sentence (MM/DD/YYYY): _____

Date of Release from Supervised Probation, if any (MM/DD/YYYY): _____

Instructions: This affidavit must be ***signed in the presence of a notary public*** or other official empowered to administer an oath.

AFFIDAVIT

I, the undersigned, do solemnly swear (or affirm) that the information on this application, including all attachments, is complete, accurate, and true.

_____
Signature of Applicant

Commonwealth of Virginia
City/County of _____

Subscribed and sworn before me this_____ day of _____ year_____.

_____
Notary Public

My Commission Expires: _____