VIRGINIA EXECUTIVE CLEMENCY OFFICE

CLEMENCY APPLICATION

HOW TO COMPLETE:

Electronic Application: Complete the fillable PDF on a computer. We recommend using the latest version of Adobe Acrobat Reader for the best experience. Other PDF viewers or internet browsers may not display the form correctly or allow you to enter information.

Paper Application: If preferred, you may also print the form, complete it by hand, and mail it to the attenion of the **Executive Clemency Office at P.O Box 2454, Richmond, VA, 23218.**

Online Submission: You may submit a Pardon Petition online by visiting our webite at commonwealth.virginia.gov.

P.O Box 2454, Richmond, VA, 23218
804-692- 2542
pardons@governor.virginia.gov
commonwealth.virginia.gov

OFFICE OF THE SECRETARY OF THE COMMONWEALTH

CLEMENCY FACT SHEET

WHAT IS CLEMENCY?

Clemency allows the Governor to extend relief to individuals who present exceptional circumstances and have demonstrated rehabilitation

WHAT IS A PARDON?

A pardon is a form of clemency. Individuals who believe they can provide substantial evidence of such exceptional circumstances may petition the Governor for a pardon. ***Please note that the Governor does not have jurisdiction over expungements, out-of-state or federal convictions***.

WHAT TYPE OF PARDON SHOULD I REQUEST?

SIMPLE PARDON:

A **simple pardon** is a statement of official forgiveness. While it does not remove the conviction from the record, it often serves as a means for the petitioner to advance in employment, education, and self-esteem. If a simple pardon is granted, a notation will be added to the criminal record showing the word "pardon" next to the conviction.

CONDITIONAL PARDON:

Please note that there are three Conditional Pardon types:

1. A **conditional pardon (*commutation of sentence)*** is an act to modify or end a sentence imposed by the court. Conditional pardons are rare as the Governor does not typically substitute their judgment for that of the courts. ***In order to be eligible for a conditional pardon, you must be currently incarcerated.***

2. *A* **medical pardon** is a form of a conditional pardon and is granted to incarcerated individuals who are terminally ill. ***In order to be considered for medical clemency, the individual must have a life expectancy of three months or less.***

3. *A* **partial pardon** is also a form of a conditional pardon and may be granted to individuals who are experiencing immigration issues. ***In order to be considered for immigration related clemency, the individual must be facing deportation***.

*****Medical and Immigration clemency requests are handled in an expedited manner.***

ABSOLUTE PARDON:

An **absolute pardon** may be granted when the Governor is convinced that the petitioner is innocent of the charge for which he or she was convicted. An absolute pardon is often a remedy of last resort.

OFFICE OF THE SECRETARY OF THE COMMONWEALTH

ELIGIBILITY REQUIREMENTS

To petition for a simple pardon, you must:

- Be free of all conditions set by the court, including any probation period, suspended time, or good time behavior on all convictions.

To petition for a conditional pardon, you must:

- be currently incarcerated.

To petition for a medical pardon, you must:

- have a life expectancy of three months or less.

To petition for a partial pardon, you must:

- be facing deportation

To petition for an absolute pardon, you must have:

- Exhausted all forms of judicial appeals and other remedies, including a Writ of Actual Innocence.

FREQUENTLY ASKED QUESTIONS

1. **How long is the pardon process?**

   The Youngkin Administration left a backlog of more than 4,000 Pardon applications. Because of this backlog, we are unable to provide a specific timeframe for the completion of a pardon.

2. **Can the Governor grant a pardon for federal convictions or crimes committed in another state?**

   No. The Governor does to have authority to pardon federal convictions and only has the authority to pardon crimes committed in Virginia.

3. **Will I get the documents back that I submit with my petition?**

   Documents (or copies of documents) submitted to our office for pardon consideration cannot be copied or returned. For this reason, please be sure to retain copies of all documents sent to our office.

4. **Is the pardon process the same as an Expungement of record?**

   No. The Governor has no jurisdiction over expungements. To have information expunged from a criminal record when the disposition of the case was an acquittal, a nolle prosequi or dismissal, one must petition the Circuit Court in which the case was brought. To learn more about the record-sealing law that took effect on July 1, 2026, please visit https://vscc.virginia.gov/sealing.asp.

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OFFICE OF THE SECRETARY OF THE COMMONWEALTH

CLEMENCY APPLICATION

FOR CLEMENCY OFFICE USE ONLY
Received_____**by**_____
Submission method:Mail ☐ **Email** ☐
File No._____

Pardon Type:

What type of Pardon are you requesting?

☐ **Simple**

☐ **Conditional**

Is this request medical related? **Yes** ☐ **No** ☐

Is this request immigration related? **Yes** ☐ **No** ☐ **If yes, when is your court date?** _____

☐ **Absolute**

Have you previously submitted a Pardon Petition? **Yes** ☐ **No** ☐

If yes, when was the petition submitted? _____

Petitioner Information:

Full Legal Name: _____

Name at time of Conviction:_____

Any other aliases:_____

Date of Birth:_____ Social Security Number: _____

Gender: **Male** ☐ **Female** ☐

Contact information:

Email Address:_____ Phone Number:_____

Mailing Address: _____

_____

For Incarcerated Applicant's Only:

Name of Institution:_____

Inmate Number: _____Anticipated Release Date: _____

Conviction Information

Please list **ALL** convictions for which you are seeking a pardon.

What crimes were you convicted of?	List the name of the City/County where you went to court?	Age at time of Conviction?

Have you ever filed for a Writ of Innocence for any of the above convictions? **Yes** ☐ **No** ☐

A petition for a writ of actual innocence is a claim made by a person who has been convicted of a felony or who has been adjudicated delinquent by a circuit court of an offense that would be a felony if committed by an adult that (i) he/she is actually innocent of that crime; (ii) there is human biological evidence proving that he/she is innocent of that crime; and (iii) the human biological evidence was not known or available to the petitioner or his attorney at trial or, if it was known, why it was not subjected to scientific finding.

If yes, please identify the convictions:

Please list the details of the convictions for which you are seeking a pardon and describe the events that led to your arrest. (*Please keep to one page*)

Personal Statement

In your own words, please explain why you feel the Governor should grant you a pardon. You can also include how your life or circumstances have changed since your last arrest, and any other details that support your pardon request.

Other Criminal Charges:

Please list any other Virginia charges that did not result in a conviction, such as dismissed charges or charges where you were found not guilty.

Charge	Date of Arrest	Location

EDUCATIONAL HISTORY:

Please list your educational accomplishments including degrees, diplomas, trade schools, certifications, etc.

Name of School & Location	Dates of Attendance	Diploma/Degree/Certificate

EMPLOYMENT HISTORY:

Please include your employment history of the last ten years. When available, include the start and finish date, employer's name and address, and job title.

Dates: (eg. 2005-2006)	**Company Name:**	**Job Title:**

MILITARY HISTORY:

Please include date(s) of service, branch of service, and type of discharge. If you did not receive an Honorable Discharge, please explain the reasons.

Date(s) of Service	Branch of Service	Type of Discharge

COMMUNITY SERVICE HISTORY:

Please list and describe any community service or volunteer work you have performed.

AUTHORIZED CONTACTS:

An authorized contact in the clemency process can receive updates concerning the petition. Please list the name(s) and contact information of individuals you authorize our office to speak to regarding your petition. (Please submit no more than two names.)

Name:	Relationship to Petitioner:	Phone Number (*if known*):

SUBMITTER'S INFORMATION:

By signing below, you acknowledge that this information is true and accurate to the best of your knowledge. If you are submitting this petition on behalf of someone else, you acknowledge that you have permission from the petitioner.

Petitioner's Full Name: _____

Signature:_____

Signature of Petitioner or Submitter

Today's Date: _____

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