

RON D. DeSANTIS, GOVERNOR, CHAIRMAN ASHLEY B. MOODY, ATTORNEY GENERAL JIMMY T. PATRONIS, JR., CHIEF FINANCIAL OFFICER NICOLE FRIED, COMMISSIONER OF AGRICULTURE and CONSUMER SERVICES

S. MICHELLE WHITWORTH, COORDINATOR

Request for Review Application For Commutation of Sentence Only

COMMUTATION OF SENTENCE REQUIREMENTS: You are eligible to apply if you are serving a prison term of 5 years or more after you complete whichever of the following is greater: (a) one third of your prison term; (b) one half of your minimum mandatory sentence; or (c) 20 years of your life sentence. All applications received for prison terms of less than 5 years will be rejected.

DIRECTIONS: All required court documents must be attached to this application. Please refer to the "Court Documents Section" below for a list of required court documents. Please print all information on the application clearly. Unreadable applications, documents in sheet protectors, notebooks, and/or binders will be rejected. You may either staple or use binder clips to attach documents to your application.

rejected. You may either staple or use binder clips to attach documents to your application.
Commutation of Sentence (for Florida prison sentence of 5 years or longer) (Ineligible to apply if you were convicted in a federal, military, or out-of-state court.)
PERSONAL IDENTIFIERS SECTION
DIRECTIONS: All applicable personal identifiers must be completed, or the application will be rejected.
DC number:
Name used when conviction(s) occurred:
Current Name, if different:
Mailing Address: Street or P.O. Box City County State Zip
Street or P.O. Box City County State Zip
Date of Birth:Sex: Male Female Social Security number:
U.S. Citizen? Yes No Alien Registration number:
CHARGES/CONVICTIONS SECTION
DIRECTIONS: List each felony conviction for which you are seeking clemency. If you require more space, attack a separate sheet of paper listing the additional convictions. Do not fill out a separate clemency application form to list the additional information.
1
2
3
4

COURT DOCUMENTS SECTION

DIRECTIONS: Section 940.04 of the Florida Statutes entitles you to obtain certified copies of various court documents from the applicable clerk of court free of charge. You **MUST ATTACH TO THIS APPLICATION** certified copies of court documents for **EACH** felony conviction for which you are seeking clemency. The application will be rejected if the required court documents are not attached. Court documents include:

- 1. Certified copy of the charging instrument (indictment, information, or warrant with supporting affidavit)
- 2. Judgment and sentence

Optional Supporting Documents: Only submit documents that are relevant to the clemency request. Do not submit pictures. Any submitted documents or material that are not relevant to the application for clemency will not be retained.

will not be retained.		
Applicant or Attorney Signature_		Date
	Applicant or Attorney (require	ed)
YOU DO NOT NEED AN ATTORNEY attorney for the clemency process		if you have chosen to be represented by an me, address, and phone number.
Attorney Name	Address	Telephone Number
STATEMENT SECTION		
		cy request that is limited to the space w, it will not be considered or retained.

STATEMENT SECTION CONTINUED			

Mailing Address: Office of Executive Clemency, 4070 Esplanade Way, Tallahassee, FL 32399-2450

Form ADM 1502 Updated 04/14/2021-SMW