

# Arizona Board of Executive Clemency

1645 WEST JEFFERSON  
SUITE 326  
PHOENIX, ARIZONA 85007  
(602) 542-5656  
FAX (602) 542-5680

## COMMUTATION OF SENTENCE APPLICATION

DATE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ ADOC # \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Please list current offense(s) to be considered for Commutation of Sentence. Applicant must have served a minimum of two (2) years on his/her current offense(s) and is not within one (1) year of his/her parole eligibility or mandatory release date. Exceptions to this are special orders by the court (A.R.S. 13-603), or imminent danger of death. Future sentences (consecutive terms) will not be considered for reduction.

CAUSE #	COMMITTING OFFENSE (Do Not Use A.R.S. Statute)	SENTENCE RECEIVED	EXACT YRS. / MOS. OF SENTENCE REDUCTION REQUESTED (could be Time Served)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DETAINERS:      YES                   NO       IF SO, WHAT JURISDICTION \_\_\_\_\_

ARE YOU APPLYING UNDER A SPECIAL ORDER BY THE COURT (A.R.S. 13-603)      YES                   NO

ARE YOU APPLYING UNDER IMMINENT DANGER OF DEATH:      YES                   NO

"IMMINENT DANGER OF DEATH" means that a applicant has been examined by a medical doctor and that doctor has diagnosed the applicant as suffering from a medical condition which, in the doctor's professional medical opinion, will to a reasonable medical certainty result in the applicant's death within three (3) months.

American Disability Act: Persons with disabilities may request reasonable accommodations, such as sign language interpreters. Requests should be made as early as possible to allow time to arrange the accommodation.

1. INSTITUTIONAL RECORD/DISCIPLINARIES:

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2. WHAT POSITIVE ACCOMPLISHMENTS HAVE YOU ACHIEVED SINCE IMPRISONMENT?  
(I.E. PARTICIPATION IN AVAILABLE EDUCATIONAL, VOCATIONAL AND THERAPEUTIC  
PROGRAMS? INCLUDE A DESCRIPTION OF YOUR WORK RECORD SINCE INCARCERATION.)

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3. WHY DO YOU BELIEVE YOU ARE ENTITLED TO A CHANGE OF SENTENCE?

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4. DESCRIBE YOUR INVOLVEMENT IN THE CRIME(S) FOR WHICH YOU WERE CONVICTED.  
PLEASE BE SPECIFIC IN YOUR RESPONSE.

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5. WHAT ARE YOUR PLANS UPON RETURNING TO SOCIETY?

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6. GIVE ANY OTHER INFORMATION YOU BELIEVE THE BOARD OF EXECUTIVE CLEMENCY SHOULD CONSIDER.

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APPLICANT'S SIGNATURE

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ADOC#

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DATE

**FORWARD THIS APPLICATION DIRECTLY TO:**

ARIZONA DEPARTMENT OF CORRECTIONS  
TIME COMPUTATION UNIT  
1601 WEST JEFFERSON  
PHOENIX, ARIZONA 85007

**ATTN TIME COMPUTATION UNIT: IF APPLYING UNDER IMMINENT DANGER OF DEATH AND APPLICANT HAS BEEN DEEMED STATUTORILY ELIGIBLE, PLEASE FORWARD THIS APPLICATION TO ADOC HEALTH SERVICES.**