

**TEXAS BOARD OF PARDONS AND PAROLES FULL PARDON APPLICATION  
FOR DEFERRED ADJUDICATION COMMUNITY SUPERVISION  
DISCHARGE AND DISMISSAL ONLY**

**PLEASE NOTE: If the applicant has an arrest unrelated to the deferred adjudication community supervision, a conviction, please do not use this application to request a pardon.**

To qualify for a pardon based upon an order for deferred adjudication, the applicant:

- 1. Must successfully complete the term of deferred adjudication, and***
- 2. May submit the application on or after the 10<sup>th</sup> anniversary date of successfully completing the term of deferred adjudication.***

**CONSTITUTIONAL AMENDMENT**

Article IV, Texas Constitution, Article IV, Section 11

(b) In all criminal cases, except treason and impeachment, the Governor shall have power, after conviction or successful completion of a term of deferred adjudication community supervision, on the written signed recommendation and advice of the Board of Pardons and Paroles, or a majority thereof, to grant reprieves and commutations of punishment and pardons; and under such rules as the Legislature may prescribe, and upon the written recommendation and advice of a majority of the Board of Pardons and Paroles, he shall have the power to remit fines and forfeitures. The Governor shall have the power to grant one reprieve in any capital case for a period not to exceed thirty (30) days; and he shall have power to revoke conditional pardons. With the advice and consent of the Legislature, he may grant reprieves, commutations of punishment and pardons in cases of treason.

*(Feb. 15, 1876. Amended Nov. 3, 1936, Nov. 8, 1983, and Nov. 7, 1989; Subsec. (b) amended Nov. 8, 2011.)*

**S.B. No. 144**

(a) In all criminal cases, except treason and impeachment, the Governor shall have power, after conviction or successful completion of a term of deferred adjudication community supervision, on the written signed recommendation and advice of the Board of Pardons and Paroles, or a majority thereof, to grant reprieves and commutations of punishments and pardons; and upon the written recommendation and advice of a majority of the Board of Pardons and Paroles, he shall have the power to remit fines and forfeitures. The Governor shall have the power to grant one reprieve in any capital case for a period not to exceed 30 days; and he shall have power to revoke conditional pardons. With the advice and consent of the Legislature, the Governor may grant reprieves, commutations of punishment and pardons in cases of treason.

(b) The Board of Pardons and Paroles may recommend that the Governor grant a pardon to a person who:

(1) is placed on deferred adjudication community supervision under Subchapter C, Chapter [42A](#), and subsequently receives a discharge and dismissal under Article [42A.111](#); and

(2) on or after the 10th anniversary of the date of discharge and dismissal, submits a written request to the board for a recommendation under this subsection.

*Amended by:*

*Acts 2011, 82nd Leg., R.S., Ch. 1053 (S.B. [144](#)), Sec. 1, eff. January 1, 2012.*

*Acts 2015, 84th Leg., R.S., Ch. 770 (H.B. [2299](#)), Sec. 2.22, eff. January 1, 2017.*

## INSTRUCTIONS

### **STEP 1:**

**BEFORE YOU BEGIN**, you must have the following documents to complete the application.

1. Offense reports for all arrests related to the deferred adjudication community supervision.
2. Certified court documents for all arrest(s), e.g., complaint, indictment, or information; order for deferred adjudication; order of dismissal/discharge; and/or clerk statement (fine/restitution paid).
3. Official criminal history statement from the sheriff of your county of residence.
4. Three (3) current dated letters of recommendation from persons other than family members who are familiar with you. Letters from family members may be submitted but will not be considered as one of the three letters of recommendation.

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***DO NOT PROCEED TO STEP 2 UNTIL YOU HAVE ALL THE NECESSARY  
DOCUMENTS REQUIRED IN STEP 1.***

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### **STEP 2:**

After you have obtained all the documents, please read the application instructions carefully, and complete the application form accordingly. To assist you in completing the application, please utilize the Full Pardon Deferred Adjudication Community Supervision Application Checklist on the following two pages. Check the appropriate box as you complete each section.

Do not alter the presentation of this application either through reformatting or rewriting. Do not bind or staple the application with any other submitted material.

Failure to properly complete the application will delay the processing of your application. If we need additional information, you may receive a phone call or letter from an employee in our office.

### **STEP 3:**

**Please type or print clearly, place your name at the top of each page, and complete all items.**

If necessary, you may use "N/A" (for Not Applicable), "Unknown," "None," or "Do Not Remember." After completing all sections, please sign and date the application and **make a copy for your records.**

Submit completed applications to:

TEXAS BOARD OF PARDONS AND PAROLES  
ATTN: CLEMENCY SECTION  
8610 SHOAL CREEK BLVD.  
AUSTIN, TX 78757  
FAX: 512-467-0945  
EMAIL: [bpp\\_clemency@tdcj.texas.gov](mailto:bpp_clemency@tdcj.texas.gov)

## **FULL PARDON DEFERRED ADJUDICATION COMMUNITY SUPERVISION** **APPLICATION CHECKLIST**

The Board's Clemency Section has provided the checklist below to assist you in submitting a completed clemency application. This will allow for processing your request in a timely manner. If you need additional assistance in completing your application, please view our Web site at [https://www.tdcj.texas.gov/bpp/exec\\_clem/exec\\_clem.html](https://www.tdcj.texas.gov/bpp/exec_clem/exec_clem.html) or contact our office at 8610 Shoal Creek Blvd., Austin, Texas 78757; Phone (512) 406-5852.

For your convenience, general information concerning clemency and procedures to obtain court documents and arrest/offense reports are included.

### **SECTION A: *Demographic Information***

☐

Complete all fields, using N/A or Unknown where necessary. Be sure to include all alias names listed on your DPS criminal history.

### **SECTION B: *Addresses***

☐

List current address and all previous addresses since age 18. Use "Do Not Remember" if necessary.

### **SECTION C: *Employment***

☐

List your current employment first and work backwards. Include all available information.

### **SECTION D: *Justification***

☐

Part (1) State why you are requesting a Full Pardon.  
Part (2) State what you have done since you successfully completed your deferred adjudication community supervision to rehabilitate yourself and become a productive member of society.

### **SECTION E. *Criminal History Information Page***

☐

Complete all fields with the appropriate information from your court documents. **If more than one deferred adjudication community supervision, make a copy of this page to add additional information.**

### **SECTION F: *Certification***

☐

Read the certification statements. Sign and date the application in **black or blue ink**.

(CONTINUED ON NEXT PAGE)

## **CRIMINAL HISTORY DOCUMENTS REQUIRED FOR ALL ARRESTS**

| <b><i>Offense Report(s)</i></b> |                                                                                                                                                                                                                                                                                   |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>        | Attach appropriate law enforcement agency offense reports for <b><u>all arrests related to the deferred adjudication community supervision</u></b> . <i>For example, if you were arrested by the Austin Police Department, you must request offense reports from that agency.</i> |

  

| <b><i>Court Documents</i></b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>      | Attach applicable <b>certified</b> court documentation for <b><u>all adult arrests related to the deferred adjudication community supervision</u></b> . Adult is defined as age 16 or older or when younger than age 16, certified as an adult. <ul style="list-style-type: none"><li>➤ Complaint/Indictment or Information</li><li>➤ Order of Deferred Adjudication</li><li>➤ Order of Dismissal/Discharge</li><li>➤ Clerk Statement (fine/restitution paid)</li></ul> See <b>page 8</b> for procedures on how to obtain certified court documents. |

  

| <b><i>Criminal History</i></b> |                                                                                                                                                                                                                                                       |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>       | Attach an official criminal history statement from the sheriff of your county of residence. <b>ALL APPLICANTS</b> , including non-Texas residents, must provide an official criminal history statement from the sheriff of their county of residence. |

## **ADDITIONAL INFORMATION IN SUPPORT OF THE APPLICANT'S REQUEST**

| <b><i>Letters of Recommendation</i></b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                | Attach at least three (3) letters of recommendation from citizens directly familiar with the applicant (letters from family members will only be accepted as supplemental information.) Letters of recommendation must: <ul style="list-style-type: none"><li>➤ be dated, current originals (<i>copies of previously submitted letters, photocopies and faxes are not acceptable</i>);</li><li>➤ be addressed to the Board of Pardons and Paroles (<i>Example: "To the Board of Pardons and Paroles:" -- Do not address letters to Clemency Section or "To whom it may concern"</i>);</li><li>➤ contain a recommendation for Full Pardon (<i>Example: "I recommend a full pardon on behalf of APPLICANT'S NAME."</i>); and</li><li>➤ contain the name, occupation, signature, telephone number and mailing address of the writer.</li></ul> |

**NOTE:** If any agency will not provide the requested documentation, **you** must submit a letter addressed to the Texas Board of Pardons and Paroles. Your letter must be dated and reference the agency name with their address and phone number, the person whom you contacted, the date(s) that you attempted to acquire the information, and an explanation as to why the agency did not provide the requested material.

**TEXAS BOARD OF PARDONS & PAROLES**  
**APPLICATION FOR A FULL PARDON FOR DEFERRED ADJUDICATION**  
**COMMUNITY SUPERVISION DISCHARGE AND DISMISSAL**

***TO THE BOARD OF PARDONS AND PAROLES OF TEXAS:***

I hereby request the Board of Pardons and Paroles or its designated agent to file this application for Clemency, to investigate the statements herein made under oath and, if the facts so justify, make a favorable recommendation to the Governor of the State of Texas that a Full Pardon be granted pursuant to the constitution and laws of the state of Texas.

**A. DEMOGRAPHIC INFORMATION (*USE BLACK OR BLUE INK*)**

|                                                                                                                                                                                                                                                                   |                                          |                                                                                                                       |                          |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------|------------------|
| Current full name                                                                                                                                                                                                                                                 | Last Name                                | <input type="checkbox"/> Jr. <input type="checkbox"/> III<br><input type="checkbox"/> Sr. <input type="checkbox"/> IV | First Name               | Full Middle Name |
| Name(s) convicted under                                                                                                                                                                                                                                           |                                          |                                                                                                                       |                          |                  |
| Race and sex                                                                                                                                                                                                                                                      | Race _____ Sex _____                     |                                                                                                                       |                          |                  |
| Date and place of birth                                                                                                                                                                                                                                           | Date of birth _____ Place of birth _____ |                                                                                                                       |                          |                  |
| Driver's license                                                                                                                                                                                                                                                  | State _____ License Number _____         |                                                                                                                       |                          |                  |
| Alias names (including maiden name, name by former marriage and nicknames), birth dates and any other forms of identification                                                                                                                                     |                                          |                                                                                                                       |                          |                  |
| Current marital status                                                                                                                                                                                                                                            | <input type="checkbox"/>                 | Married – Spouse's Name:                                                                                              |                          |                  |
|                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                 | Divorced                                                                                                              | <input type="checkbox"/> | Separated        |
| Children / support / alimony                                                                                                                                                                                                                                      | <input type="checkbox"/>                 |                                                                                                                       |                          |                  |
|                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                 |                                                                                                                       |                          |                  |
|                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                 |                                                                                                                       |                          |                  |
|                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                 |                                                                                                                       |                          |                  |
| <p>I have _____ children under the age of 18 years.</p> <p>I am supporting the following named children under the age of 18 years:</p> <p>_____</p> <p>I currently pay \$ _____ / month in child support.</p> <p>I currently pay \$ _____ / month in alimony.</p> |                                          |                                                                                                                       |                          |                  |

**B. ADDRESSES**

|                                                                                 |  |                                                                                                                        |  |
|---------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------|--|
| <b>Current Mailing Address</b><br><i>Indicate your current mailing address.</i> |  | <b>Current Physical Address</b><br><i>Provide information even if the physical and mailing addresses are the same.</i> |  |
| Number and street _____ Apartment _____                                         |  | Number and street _____ Apartment _____                                                                                |  |
| City _____ State _____ Zip Code _____                                           |  | City _____ State _____ Zip Code _____                                                                                  |  |
| Home phone number [_____] _____                                                 |  | County of residence _____                                                                                              |  |
| Work phone number [_____] _____                                                 |  | Years resided at physical residence _____                                                                              |  |
| Email Address _____                                                             |  |                                                                                                                        |  |

**Previous Addresses**

List **all** previous physical addresses since age 18. Do not use post office boxes. If you lived in an apartment complex, list your apartment number. *All time periods must be accounted for.* Include complete dates (months and years of residence), addresses, city, state and zip codes. Complete this page before attaching any additional page(s). Place attachments behind this page.

|                    |                   |       |           |
|--------------------|-------------------|-------|-----------|
| From (month/year): | Number and street |       | Apartment |
| To (month/year):   | City              | State | Zip Code  |

|                    |                   |       |           |
|--------------------|-------------------|-------|-----------|
| From (month/year): | Number and street |       | Apartment |
| To (month/year):   | City              | State | Zip Code  |

|                    |                   |       |           |
|--------------------|-------------------|-------|-----------|
| From (month/year): | Number and street |       | Apartment |
| To (month/year):   | City              | State | Zip Code  |

|                    |                   |       |           |
|--------------------|-------------------|-------|-----------|
| From (month/year): | Number and street |       | Apartment |
| To (month/year):   | City              | State | Zip Code  |

**C. EMPLOYMENT**

Please give a comprehensive adult (since age 18) employment history, beginning with your present employment and working backwards. Include employer's name, address, your job position working title, description of job duties, salary, dates employed, and reason for leaving. Complete this page before attaching any additional page(s). Place attachments behind this page.

|                              |                                 |
|------------------------------|---------------------------------|
| From (month/year):           | Employer name                   |
| To (month/year):             | Employer address                |
| Job position (working title) | Description of your work duties |
| Average monthly salary       | Reason for leaving              |

|                              |                                 |
|------------------------------|---------------------------------|
| From (month/year):           | Employer name                   |
| To (month/year):             | Employer address                |
| Job position (working title) | Description of your work duties |
| Average monthly salary       | Reason for leaving              |

|                              |                                 |
|------------------------------|---------------------------------|
| From (month/year):           | Employer name                   |
| To (month/year):             | Employer address                |
| Job position (working title) | Description of your work duties |
| Average monthly salary       | Reason for leaving              |

|                              |                                 |
|------------------------------|---------------------------------|
| From (month/year):           | Employer name                   |
| To (month/year):             | Employer address                |
| Job position (working title) | Description of your work duties |
| Average monthly salary       | Reason for leaving              |

#### D. JUSTIFICATION FOR CLEMENCY CONSIDERATION

- (1) State the reasons and circumstances for requesting a full pardon.

[illegible]

- (2) What have you done since you successfully completed your deferred adjudication community supervision to show that you deserve full pardon consideration, including rehabilitative efforts that you have made?

[illegible]

**E. CRIMINAL HISTORY INFORMATION**

Provide information on all adult criminal offenses (**list one offense per page**) and the disposition of each arrest. For these purposes, adult is defined as all arrests related to the deferred adjudication community supervision committed when age 16 or older or when younger than age 16 but certified as an adult. All blanks must be completed for each criminal offense. ***Photocopy as many of this blank page and the applicant's version blank page as needed to list additional offenses.***

**Criminal Offense:****County:** \_\_\_\_\_**State:** \_\_\_\_\_**Cause Number:** \_\_\_\_\_**Court of Adjudication:** \_\_\_\_\_**Date of Order of Deferred****Adjudication:** \_\_\_\_\_

Date of sentencing or other form of court adjudication. Mark "N/A" if not adjudicated in a Court.

**Court Imposed Community****Supervision:** \_\_\_\_\_Example: 2 years deferred adjudication probation**Fine ordered in the Sentence?** ☐ Yes ☐ No**If "Yes", indicate the amount:** \$ \_\_\_\_\_**Was the fine paid in full?** ☐ Yes ☐ No**Restitution ordered in the Sentence?** ☐ Yes ☐ No**If "Yes", indicate the amount:** \$ \_\_\_\_\_**Was the restitution paid in full?** ☐ Yes ☐ No**Dismissal/Discharge Date and****Disposition:** \_\_\_\_\_Examples of possible disposition: Successfully discharged deferred adjudication community supervision; Unsuccessfully deferred adjudication community supervision; Discharged deferred adjudication community supervision



**F. CERTIFICATION BY APPLICANT**

*Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided. This application must be signed.*

I hereby give my permission to the Board of Pardons and Paroles or its designated agent to make any inquiry and receive any information of record that it may deem proper in the investigation of this application for clemency; and

I understand that compliance with these requirements is sufficient for the Board's consideration of this application, but compliance does not necessarily mean that favorable action will result.

I hereby swear upon my oath that I am the subject herein named and the facts contained in this application are true and correct.

\_\_\_\_\_  
**Applicant's Signature (Full Name)**

\_\_\_\_\_  
**Date**

## PROCEDURES FOR OBTAINING COURT DOCUMENTATION

All court documents must be **CERTIFIED**, whether they originate from the office of the District, County, or Municipal Clerk. Acquire the proper documentation, accordingly:

**IF** convicted and the judgment included a court ordered **fine** and or **restitution**, furnish a statement from the appropriate clerk confirming the amount paid.

**IF** convicted and the sentence is probated or deferred, furnish the Complaint/Indictment or Information, Judgment, Sentence and Dismissal.

## PROCEDURES FOR OBTAINING ARREST/OFFENSE REPORTS

For **each** criminal offense, acquire from the appropriate law enforcement arresting agency copies of the arrest/offense reports. These copies of reports do not have to be certified. For offenses involving drugs, please provide copies of laboratory reports.

## GENERAL INFORMATION

**Definition** - An unconditional act of executive clemency by the Governor which serves to release the grantee from the conditions of his or her sentence and from any disabilities imposed by law thereby.

### **A Full Pardon restores the following civil rights:**

1. Right to vote.
2. Right to hold public office.
3. Right to serve on a jury.
4. Licensing privileges for certain types of employment (however, you must check with the appropriate licensing authority to determine if a full pardon is necessary to be licensed). If available, please provide written documentation from that authority advising that you will not be considered for a license without receiving a full pardon. If the licensing authority will not provide you with written documentation, please obtain and furnish the name of the licensing authority, phone number, and name of the person you contacted.
5. Right to serve as Executor or Administrator of an estate.

**A FULL PARDON RESTORES VOTING RIGHTS.** Please note, effective September 01, 1997, a felon's voting rights are automatically restored when one fully discharges the felony sentence, including any term of incarceration, parole, or supervision, or completed a period of probation ordered by any court.

**A FULL PARDON DOES NOT** expunge an arrest under the criminal laws. This can only be accomplished by petitioning a district court in the county of conviction.

**A FULL PARDON DOES NOT** restore the right of the applicant to drive and operate a motor vehicle upon public highways after an automatic suspension of that license as a result of a conviction for Driving While Intoxicated or other similar suspension, unless the Governor's Proclamation specifically so states.

**For your records, please retain copies of all documentation, including the application that you submit to the Clemency Section.**

**We are advising you NOT to provide originals of personal items, including but not exclusive to photos, transcripts, birth and other certificates, achievement awards, licenses, literature and other identification cards or items, notebooks or binders, and clemency proclamations. You may in lieu of originals provide copies of these documents with your submitted application.**

**Frequently Asked Question** - Visit our website at <https://www.tdcj.texas.gov/bpp/faq/ClemencyProcess.html> for answers to common questions.