

NOTE: Petitioner should furnish all of the information which is requested, be accurate and specific in your answers to the questions.

Complete and return the form as soon as possible. If more space is needed to answer any question(s), attach as many extra sheets as needed and be sure to affix your name and address at the top of each page.

PERSONAL HISTORY

FULL NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ DATE OF BIRTH _____

PLACE OF BIRTH _____

OCCUPATION _____ SOC. SEC. NO. _____

NAME OF EMPLOYER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ TYPE OF BUSINESS _____

HOW LONG EMPLOYED _____

MARITAL STATUS

SINGLE _____ MARRIED _____ DIVORCED _____ SEPARATED _____

SPOUSE'S FULL NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE & PLACE OF MARRIAGE _____

LIST DATE & PLACE OF ALL OTHER MARRIAGES AND DIVORCES. GIVE FULL NAME OF FORMER SPOUSE(S) AND CURRENT ADDRESS.

CHILDREN

NAME PLACE & DATE OF BIRTH CURRENT ADDRESS

EMPLOYMENT HISTORY

NOTE: I LIST PRESENT OR MOST RECENT EMPLOYMENT FIRST. GO BACK AS FAR AS POSSIBLE TO TIME OF RELEASE.

1. NAME OF FIRM _____
STREET ADDRESS _____ PHONE NO. _____
CITY _____ STATE _____ ZIP _____
DATE STARTED _____ DATE ENDED _____
TYPE OF WORK _____ SALARY PER _____
REASON FOR LEAVING _____

2. NAME OF FIRM _____
STREET ADDRESS _____ PHONE NO. _____
CITY _____ STATE _____ ZIP _____
DATE STARTED _____ DATE ENDED _____
TYPE OF WORK _____ SALARY PER _____
REASON FOR LEAVING _____

3. NAME OF FIRM _____
STREET ADDRESS _____ PHONE NO. _____
CITY _____ STATE _____ ZIP _____
DATE STARTED _____ DATE ENDED _____
TYPE OF WORK _____ SALARY PER _____
REASON FOR LEAVING _____

4. NAME OF FIRM _____
STREET ADDRESS _____ PHONE NO. _____
CITY _____ STATE _____ ZIP _____
DATE STARTED _____ DATE ENDED _____
TYPE OF WORK _____ SALARY PER _____
REASON FOR LEAVING _____

5. NAME OF FIRM _____
STREET ADDRESS _____ PHONE NO. _____
CITY _____ STATE _____ ZIP _____
DATE STARTED _____ DATE ENDED _____
TYPE OF WORK _____ SALARY PER _____
REASON FOR LEAVING _____

6. NAME OF FIRM _____
STREET ADDRESS _____ PHONE NO. _____
CITY _____ STATE _____ ZIP _____
DATE STARTED _____ DATE ENDED _____
TYPE OF WORK _____ SALARY PER _____
REASON FOR LEAVING _____

7. NAME OF FIRM _____
STREET ADDRESS _____ PHONE NO. _____
CITY _____ STATE _____ ZIP _____
DATE STARTED _____ DATE ENDED _____
TYPE OF WORK _____ SALARY PER _____
REASON FOR LEAVING _____

8. NAME OF FIRM _____
STREET ADDRESS _____ PHONE NO. _____
CITY _____ STATE _____ ZIP _____
DATE STARTED _____ DATE ENDED _____
TYPE OF WORK _____ SALARY PER _____
REASON FOR LEAVING _____

PLEASE LIST ALL ARRESTS SINCE YOUR RELEASE FROM PROBATION OR PAROLE

NOTE: LIST YOUR PRESENT RESIDENCE FIRST AND GO BACK TO THE TIME YOU WERE RELEASED.

1. ADDRESS _____
(City and State)
LENGTH OF TIME HERE: FROM _____ TO _____
RENTING _____ BUYING _____ PAYMENT _____ PER _____
NAME OF LANDLORD _____
ADDRESS _____

2. ADDRESS _____
(City and State)
LENGTH OF TIME HERE: FROM _____ TO _____
RENTING _____ BUYING _____ PAYMENT _____ PER _____
NAME OF LANDLORD _____
ADDRESS _____

3. ADDRESS _____
(City and State)
LENGTH OF TIME HERE: FROM _____ TO _____
RENTING _____ BUYING _____ PAYMENT _____ PER _____
NAME OF LANDLORD _____
ADDRESS _____

4. ADDRESS _____
(City and State)
LENGTH OF TIME HERE: FROM _____ TO _____
RENTING _____ BUYING _____ PAYMENT _____ PER _____
NAME OF LANDLORD _____
ADDRESS _____

5. ADDRESS _____
(City and State)
LENGTH OF TIME HERE: FROM _____ TO _____
RENTING _____ BUYING _____ PAYMENT _____ PER _____
NAME OF LANDLORD _____
ADDRESS _____

YOUR MONTHLY INCOME _____ SPOUSE'S MONTHLY INCOME _____

SPOUSE EMPLOYED WHERE? _____

ANY OTHER INCOME? YES _____ NO _____ IF YES, AMOUNT _____

(Explain)

STOCKS OR BONDS OWNED? YES _____ NO _____ IF YES, EXPLAIN _____

SAVINGS ACCOUNT? YES _____ NO _____ IF YES, CURRENT BALANCE _____

WHICH BANK? _____

ARE YOU BUYING OR RENTING YOUR HOME? _____

MONTHLY PAYMENT _____ IF BUYING, WHO IS THE LENDER? _____

TYPE OF LOAN _____ HAVE YOU EVER BEEN BONDED? _____

(FHA, GI, ETC.)

IF SO, WHEN AND FOR WHAT PURPOSE? _____

(Explain)

LIST ALL FINANCIAL OBLIGATIONS INDICATING THE APPROXIMATE AMOUNT OWED, NAME AND ADDRESS OF FIRM OR PERSON OWED AND MONTHLY PAYMENT.

FIRM OR PERSON:	ADDRESS:	BALANCE:	MONTHLY PAYMENT:

DO YOU OWN ANY REAL PROPERTY? _____ IF SO, WHERE AND CURRENT MARKET VALUE: _____

HAVE ANY SUITS EVER BEEN FILED AGAINST YOU? YES _____ NO _____ IF SO, WHERE AND WHEN? _____

WHAT WAS THE JUDGMENT? _____

ARE YOU A REGISTERED VOTER? _____ IF SO, WHERE? _____

WHAT ARE YOUR REASONS FOR WANTING A CERTIFICATE OF REHABILITATION AND PARDON:

WHAT IS THE GENERAL CONDITION OF YOUR HEALTH? _____
DO YOU HAVE ANY CHRONIC DISEASE? _____ IF YES, EXPLAIN _____

EVER HAVE TUBERCULOSIS? _____ IF YES, NOW ACTIVE OR INACTIVE? _____
EVER BEEN AN ALCOHOLIC? _____ EVER USE NARCOTICS? _____

(Use these lines to explain your answers concerning alcohol and/or
narcotics.)

DO YOU OBJECT IF WE CONTACT YOUR PRESENT EMPLOYER? YES _____ NO _____

IF YES, PLEASE EXPLAIN WHY:

LIST AT LEAST THREE (3) PERSONS, THEIR ADDRESS AND OCCUPATION WHOM YOU FEEL
COULD ATTEST TO YOUR ABILITY AND CHARACTER. (List more persons if you desire.)

LIST NAME, ADDRESS AND OCCUPATION OF ANY OTHER INDIVIDUAL(S) YOU WOULD LIKE US TO CONTACT WITH REFERENCE TO THIS APPLICATION.

YOU MAY SUBMIT ANY LETTERS OF RECOMMENDATION YOU CAN OBTAIN OR ANY OTHER INFORMATION WHICH MAY BE OF VALUE TO THE COURT IN ARRIVING AT A DECISION IN YOUR CASE. (These will be kept by this office.) LETTERS OF THIS NATURE MAY BE ADDRESSED "TO WHOM IT MAY CONCERN."

SHOULD YOU HAVE ANY QUESTIONS REGARDING ANY OF THE ABOVE, PLEASE DIRECT AN INQUIRY TO THIS OFFICE.

PLEASE NOTIFY THIS OFFICE OF ANY CHANGE OF ADDRESS PRIOR TO NOTICE OF FINAL ACTION IN YOUR CASE.

CERTIFICATE OR PETITIONER AND INFORMATION RELEASE

(Read carefully before signing)

I, HEREBY CERTIFY that all answers to the above questions are true, and I agree and understand that any misstatements of material facts contained in this questionnaire may cause cancellation of my application for executive clemency.

I, HEREBY AUTHORIZE the Alameda County District Attorney's Office to investigate my past and ascertain any and all information which may concern my record and character, whether such information is of record or not. I release my present and past employers, references, and all persons whom so ever from any charge of liability because of furnishing this information.

SIGNATURE

DATE

MAIL OR BRING THIS TO:

OFFICE OF THE DISTRICT ATTORNEY
COUNTY OF ALAMEDA
COUNTY COURTHOUSE
1225 FALLON STREET - NINTH FLOOR
OAKLAND, CA 94612