# Petition for Rehabilitation and Pardon Personal History Questionnaire

**NOTE:** Petitioner should furnish all of the information that is requested. Please 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, attach extra sheets with Petitioner's name and address at the top of each page.

#### I. PERSONAL HISTORY

# **Current Information**

Full name:	Date of birth:		
Street address:			
City:	State:	Zip:	
Phone number:	Social Security number:		
Place of birth:	Email address:		
Driver's license number:	State of issuance:		
All other names you have used:			
Occupation:	Curre	nt employer:	
Street address:			
City:	State:	Zip:	
Phone number:	Type of business:		
How long employed:			

# **Marital Status and History**

Spouse's full name:				
Street address:				
City:		State:	Zip:	
Phone number:		_ Date and place of	marriage:	
List full name and a divorce.	ddress of all fo	rmer spouses, along v	vith date and place of	marriage and
		<b>Children</b>		
Name	Place	e and date of birth	Cu	rrent address

Have you ever had a restraining order against you protecting any person listed on this page? If yes, explain.

	<b>Education</b>		
	Details:		
List all high schools you attended	, their location, and t	the dates you attended them:	
List all colleges and universities y area of study, and degrees obtained		cation, the dates you attended them, y	'our
List all trade and vocational school type of program, and whether you		ir location, the dates you attended then of study:	m, the
II. <b>EMPLOYMENT HIS</b> Please list your prior employment current job, going back as far as p	t, beginning with the	most recent employment before your	
1. Name of employer:			
		Zip:	
Phone number:	Type of wo	ork:	

2. Name of employer:			
Street address:			
City:	State:	Zip:	
Phone number:	Type of work:		
3. Name of employer:			
Street address:			
City:			
Phone number:	Type of work:		
4. Name of employer:			
Street address:			
City:	State:	Zip:	
Phone number:	Type of work:		
5. Name of employer:			
Street address:			
City:			
Phone number:			

# III. FINANCIAL HISTORY

# Residence

Address of current residence:	
Monthly payment (rent/mortgage):	
If renting, landlord's name and phone number	: :
If you own, which financial institution is your	mortgage lender?:
Who lives at this address with you:	
List all prior residences in reverse chronologic	cal order, going back to your release from custody.
1. Address:	
Dates lived there:	Reason for moving:
Monthly payment (rent/mortgage):	rented owned
If rented, landlord's name and phone number:	
Who lived at this address with you:	
2. Address:	
Dates lived there:	Reason for moving:
Monthly payment (rent/mortgage):	
If rented, landlord's name and phone number:	
Who lived at this address with you:	

3. Address:	
	Reason for moving:
Monthly payment (rent/mortgage):	rented owned
Who lived at this address with you:	
4. Address:	
Dates lived there:	Reason for moving:
Monthly payment (rent/mortgage):	rented owned
If rented, landlord's name and phone number:	
Who lived at this address with you:	
5. Address:	
Dates lived there:	Reason for moving:
Monthly payment (rent/mortgage):	rented owned
If rented, landlord's name and phone number:	
Who lived at this address with you:	
Income and Fi	nancial Obligations
Your monthly income from your job:	Spouse's monthly income:
Spouse's employer/type of work:	
If you have any other income, list and explain	here:

If yes, which bank and current balance:
If yes, explain:
If yes, list location and its current market value:
If yes, where and when, and what was the judgment?
If yes, list make, model, and license plate numbers:

List all financial obligations indicating the approximate amount owed, name and address of firm or person owed, and monthly payment:

Firm or person owed:	Address:	Balance:	Monthly payment:
IV. <b>OTHER</b>			
IV. <b>OTHER</b>			
Please list all arrests (inc	cluding dates and location) since y	our release from	probation or parole:
	,		F
Dlagge list all traffic aits	tions (in alvalina datas (annuaviment	a als) and la action	as) in the last 10
years:	tions (including dates (approximat	e ok) and location	ns) in the last 10
What is the general cond	lition of your health?		
If yes, explain:			

Use the following lines to explain your answers concerning alcohol and/or narcotics.
Do you object to your current employer being contacted during this investigation?
Explain why you want a certificate of rehabilitation and pardon:
V. REFERENCES
List <b>at least three</b> people whom you feel could attest to your ability and character. List their addresses and phone numbers, and explain how you know them and how long you have known them.

List the name, address, phone number, and occupation of any other person(s) you would like us to contact concerning this investigation. Explain how you know them and how long you have known them.
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. Such letters may be addressed "To Whom It May Concern."
SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS PERSONAL HISTORY QUESTIONNAIRE, PLEASE CONTACT THE DISTRICT ATTORNEY'S OFFICE.
PLEASE NOTIFY THIS OFFICE OF ANY CHANGE OF ADDRESS OR EMPLOYMENT PRIOR TO NOTICE OF FINAL ACTION IN YOUR CASE.

# **CERTIFICATION OF PETITIONER AND INFORMATION RELEASE**

(Read carefully before signing)

I,, HEREBY CERT	IFY that all answers to the above questions
are true, and I agree and understand that any misstat	ements of material facts contained in this
questionnaire may cause cancellation of my application	n for executive clemency.
I, HEREBY AUT	HORIZE the Alameda County District
Attorney's Office to investigate my past and ascertain a	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 whomsoever	ver from any charge of liability because of
furnishing this information.	
	_
Signature	
	_
Date	

# MAIL OR BRING THIS COMPLETED QUESTIONNAIRE TO:

Alameda County District Attorney's Office

Rene C. Davidson Courthouse

Attn: Conviction Review/Law and Motion

1225 Fallon Street, 9th floor

Oakland, CA 94612