



Application for Exoneration

I, _____, am hereby applying for an exoneration, and I understand that I must meet all of the Governor's criteria and the statutory requirements.

I further understand that meeting the requirements set forth in these guidelines is merely a threshold inquiry in the consideration of exoneration relief. The final determination of whether an exoneration will be granted lies in the discretion of the Governor after a review of the petition and any non-binding recommendation of the Board.

The criteria for granting an exoneration are outlined in T.C.A. § 40-27-109.

Exoneration

1. The Governor will give serious consideration to exoneration requests where the petitioner has demonstrated that:
 - a. After consideration of the facts, circumstances, and any newly discovered evidence in a particular case, the Governor finds the petitioner did not commit the crime for which the petitioner was convicted; and
 - b. The petitioner has exhausted all possible state judicial remedies.

An exoneration granted pursuant to T.C.A. § 40-27-109 shall as a matter of law be unconditional, shall expunge all records of the person's arrest, indictment, and conviction, and shall automatically restore all rights of citizenship to the person that were lost as a result of the conviction at issue.

GENERAL INFORMATION

Name: _____ List alias (if any): _____

Date of Birth _____ Age _____ Race _____ Sex _____ Social Security Number _____ Driver License Number _____
M F

Street Address _____ City _____ State _____ Zip Code _____

List Telephone Number(s) Where You May Be Reached:

Home _____ Day Time _____ Cellular _____

Please Check The Box That Applies To Your Marital Status:

Single Married Divorced Widowed

If Married, Date Of Marriage: _____ Name of Spouse: _____

Spouse's Employment: _____
Employer's Name Telephone Number

Street Address _____ City _____ State _____ Zip Code _____

List All Children and Ages: Age Children: Age

NEWLY DISCOVERED EVIDENCE

Describe and provide all newly discovered evidence relating to the conviction for which you are seeking exoneration.

CRIMINAL INFORMATION

List Your Tennessee Department of Corrections I.D. Number, or Probation I.D. Number: _____

If You Did Not Receive a TDOC Number, Give Your Jail I.D.: _____

Below List ALL Convictions from ALL Jurisdictions, Including Juvenile Offenses:

Age	Date	Conviction	County and State	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attach a One (1) Page Narrative Summary of the Conviction for which You are Requesting Exoneration, including as much detail as possible about the crime and your involvement.

THE FOLLOWING INFORMATION MUST BE CERTIFIED AND SUBMITTED WITH YOUR APPLICATION

- Copies of Convictions / Judgments
- A Copy of Any Order Granting Probation
- A Copy of Any Order of Discharge from Probation or Parole
- A Copy of Your Criminal History
- Copies of Judicial Proceedings Relating to the Offense(s) for which You are Applying for Exoneration.
- Copies of Documents Indicating that all State Judicial Remedies have been Exhausted.
- If Applicable, Copies Of Court Documents Overturning Your Conviction
- Documentation of newly discovered evidence

EDUCATIONAL INFORMATION

Highest level of education attained: _____

List Any Vocational Training and Dates Attended:

Training	Date
_____	_____
_____	_____
_____	_____

SUBMIT COPIES OF YOUR DIPLOMA(S), DEGREE(S), CERTIFICATE(S), OR CURRENT PROFESSIONAL LICENSE(S)

MILITARY INFORMATION

Branch of Service (N/A if you did not serve)

_____ Discharge Date

_____ Type of Discharge

List any commendations or decorations received:

A COPY OF YOUR DISCHARGE (DD-214) SHOULD BE SUBMITTED WITH YOUR APPLICATION

EMPLOYMENT INFORMATION

(PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY)

Current Employer:

Street Address	City	State	Zip Code
Supervisor	Date of Employment	Job Title	

RESPONSIBILITIES:

List Your Employment History For The Last Ten (10) Years:

Employer	Dates of Employment	Job Title
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RESPONSIBILITIES:

Employer	Dates of Employment	Job Title
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RESPONSIBILITIES:

EMPLOYMENT INFORMATION (continued)

Employer	Dates of Employment	Job Title
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RESPONSIBILITIES:

Employer	Dates of Employment	Job Title
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RESPONSIBILITIES:

Employer	Dates of Employment	Job Title
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RESPONSIBILITIES:

Employer	Dates of Employment	Job Title
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RESPONSIBILITIES:

I affirm that I have read, or had read to me, and understand the instructions, questions and statements within this application. I understand that I have an affirmative duty to update the information in this application in a timely manner, including my current contact information. I also affirm that this application has been completed in its entirety, and ALL responses made in the application, or attached to the application, are true and correct to the best of my knowledge. I affirm that in my judgment I meet ALL of the criteria on which this application is based, and I am applying for an exoneration under the criteria noted in this application.

Petitioner's Signature

STATE OF _____

COUNTY OF _____

Before me _____, the undersigned officer, personally appeared _____

Known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purpose herein contained. In witness whereof, I hereunto set my hand and official seal.

Witness my hand, this _____ day of _____ 20 _____

Signature of Notary

My Commission Expires: _____

If this application was completed by someone other than the applicant, the person completing the application must provide their name, address, telephone number, and relationship to the applicant in the space provided below.

Name

Address

City State Zip Code

Preparer's Signature

Relationship to Petitioner

Telephone (including area code)

Exoneration Application Checklist and Instructions

Before submitting your Exoneration application, please ensure you have included or completed the following:

- Cover letter describing the **newly discovered** evidence.
- One (1) page narrative summary of the conviction for which you are seeking exoneration.
- Certified copy of each court conviction/judgment for which you are seeking exoneration.
- Certified copy of the order granting probation (if applicable).
- Certified copy of the order(s) of discharge from probation or parole (if applicable).
- Certified copy of your criminal history report from the Tennessee Bureau of Investigation (TBI).
- Certified copy of judicial proceedings relating to the offense for which you are seeking exoneration.
- Certified copies of documents indicating that all possible state judicial remedies have been exhausted.
- Certified copies of court documents overturning your conviction (if any).
- Copies of diploma, degrees, certificates, and/or professional licenses (if any).
- Copy of military discharge form DD-214 (if applicable).
- Ensure that all responses are typed or printed legibly.
- Page six (6) of the application is signed by the applicant and notarized. You must submit the original, notarized application for review. Each application must contain the applicant's signature unless the applicant is physically or mentally incapable of signing, in which case that incapacity must be documented in a cover letter.
- Make a copy of your application and any attachments for your records. Your application and any attachments will not be returned once accepted for review.

If you have questions about this application, contact your Institutional Probation/Parole Specialist (IPPS) or, if not in a TDOC facility, contact our office at (615) 741-1150.