Expedited Review Questionnaire
Board of Pardons

Commonwealth of Pennsylvania

Instructions
This questionnaire is the next step in the clemency expedited review process. Completing this questionnaire will help the Board of Pardons complete the review and investigation of your case.

- Provide the requested information to the best of your ability.
- If you need more space to finish answering any of the questions, use the space provided on page 7.
- **You must complete questions marked with an asterisk or star *.**
- When filling out dates, **approximate dates are acceptable**. Please use this format: **MM/DD/YYYY**.

What you'll need

You will need:

- **Board of Pardons number:** This includes a letter followed by a four- or five-digit number listed at the top of your letter from the Board of Pardons. Example: C-1234
- **Application number:** This is a five-digit number listed at the top of your letter from the Board of Pardons.

You will be asked to provide information on:

- Current contact information
- Residence history
- Relationship status
- Education
- Employment
- Mental health
- Military service
- Community involvement
- Drug and alcohol use and treatment
- Reason for requesting clemency

How to submit

By mail: You can mail this completed and signed form to:

Pennsylvania Board of Pardons
333 Market Street, 15th Floor
Harrisburg, PA 17126

By email: You may email us your scanned questionnaire. In the **Subject line** put your **name, application number, and the letters ERQ**. For example, **John Smith, 12345, ERQ.** Send the attached questionnaire to bopclemency@pa.gov

Need help?
If you have any questions about completing your questionnaire, email us at **bopclemency@pa.gov** or call our office at **717-787-2596 between** 8:30 a.m. and 4:30 p.m. If you leave a voicemail, our team will get back to you as soon as possible, typically within 24 hours.

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*Name: _____ *Board of Pardons no._____ *Application no. _____

1. **Personal information**

Current address ☐ My address changed	***Address line 1 (number and street)**		
	Address line 2 (apartment no./floor)		
	***City**	***State**	***ZIP code**
***Phone number** ☐ My phone number changed			
***Email address** ☐ My email address changed			

***Who lives with you?**

Enter all the people who currently live with you, if applicable. ❒ I live by myself.

Name	Relationship

***Relationship status:** Enter your most recent relationship status and the start date of that status. Provide month, day, and year format. The date can be approximate.

☐ Married	____/_____/_____	☐ Separated	____/_____/_____
☐ Widowed	____/_____/_____	☐ Partner	____/_____/_____
☐ Divorced	____/_____/_____	☐ Single	____/_____/_____

Commonwealth of Pennsylvania

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2. ***Education**: List your highest level of education and any in-progress or recently completed achievements. The date can be approximate.

Achievement	Year and grade level	School
☐ High school diploma ☐ GED If you did not graduate, provide the last year, grade level, and school you attended.	**Year earned** **Grade level**	
☐ Vocational training Type _____	**Date earned** _____/_____/_____	
☐ College degree (Associates, Bachelors, Masters, PhD/Doctorate) _____ _____	**Date earned** _____/_____/_____ _____/_____/_____	
☐ Other training, certificates, or licensures Type _____ _____	**Date earned** _____/_____/_____	

3. * **Employment and financial support**: Provide the requested information about your current employer. If you currently have more than one job, please list your other job(s) on page 7. The date can be approximate.

Are you employed?	☐ Yes ☐ Full-time ☐ Part-time Hours per week _____ ☐ No Date last worked: ____/_____/_____ ☐ Retired Date last worked: ____/_____/_____
Employer's name	
Job title	

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Start date	____/_____/_____
Salary	/ ☐ Per hour ☐ Yearly
If unemployed, how do you spend your time?	
If unemployed, how are you financially supported?	
Explain any other means of financial support.	

4. ***Mental health:**

Are you currently receiving mental health treatment? ☐ Yes ☐ No	If yes, please indicate dates and frequency of treatment.
Have you received mental health treatment in the past? ☐ Yes ☐ No	If yes, please indicate dates and frequency of treatment.

5. **Military service**: Only fill this section out if you served in the military. The date can be approximate.

Did you serve in the military?	☐ Yes ☐ No
Branch	
Entry Date	/ /
Discharge date	/ /
Rank at discharge	

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Type of discharge	
Job specialty	
Awards/Medals/Ribbons	
Active deployments (Optional)	

6. **Community involvement:** Please provide details on your volunteering and community involvement. The dates can be approximate.

Organization	**Position** Brief description of your role and contributions	**Dates involved**
		From: ____/_____/_____ **To:** ____/_____/_____
		From: ____/_____/_____ **To:** ____/_____/_____
		From: ____/_____/_____ **To:** ____/_____/_____
		From: ____/_____/_____ **To:** ____/_____/_____
		(From: ____/_____/_____ **To:** ____/_____/_____

*Name: _____ *Board of Pardons no._____ *Application no. _____

7. * **Drug and alcohol use**: Please provide details on your past and present drug and alcohol use.

Have you ever used marijuana? ☐ Yes ☐ No **Do you still use marijuana?** ☐ Yes ☐ No	Describe your marijuana use, both past and present:	
Have you ever used any other drugs? ☐ Yes ☐ No **Do you still use any other drugs?** ☐ Yes ☐ No	Name the drugs and describe use, both past and present:	
Have you ever used alcohol? ☐ Yes ☐ No **Do you still use alcohol?** ☐ Yes ☐ No	Describe use, both past and present:	
Have you participated in drug or alcohol treatment? ☐ Yes ☐ No **Are you currently in drug or alcohol treatment?** ☐ Yes ☐ No	If yes to either, what provider or program did you receive treatment through?	Dates and frequency of treatment:
Sobriety date, if applicable:	____/_____/_____	

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8. **Contributing Conditions and Reasons for Clemency:**

* **Was there anything going on in your life that prompted you to commit the crime?**
* **Have you done anything to change your behavior?**
* **Why are you seeking clemency?**
Is there anything else you would like the Board to know?

* **Signature: _____** *__**Date:** _____/_____/_____

My signature verifies that I have completed this questionnaire truthfully and accurately, and I understand that my statements herein are subject to the penalties of 18 Pa. C.S.§4904 (relating to unsworn falsification to authorities).

*Name: _____ *Board of Pardons no._____ *Application no. _____

Additional information: Please use this field if you need more space for your responses. You may reprint this page as needed. Please number your responses (for example, "6. Community Involvement – Continuation").