PARDON INFORMATION AND INSTRUCTIONS

1. COMPLETE THE OFFICIAL STATE OF HAWAII PARDON APPLICATION IN IT’S ENTIRELY WITHOUT ANY ALTERATIONS TO THE 7-PAGE FORM PACKET AND SIGNED BEFORE A NOTARY PUBLIC.

2. YOU WILL NEED THREE (3) PEOPLE (WHO PERSONALLY KNOW YOU) TO COMPLETE THE CHARACTER AFFIDAVITS. THE AFFIDAVITS MUST ALSO BE SIGNED BEFORE A NOTARY PUBLIC.

3. IF YOU SERVED IN THE UNITED STATES MILITARY, SUBMIT A COPY OF YOUR SEPARATION PAPERS (FORM DD-214) FOR VERIFICATION OF SERVICE.

4. MAIL THE COMPLETED NOTARIZED PARDON APPLICATION AND THE THREE (3) NOTARIZED CHARACTER AFFIDAVITS TO:

HAWAII PAROLING AUTHORITY
ATTN: FIELD PAROLE BRANCH ADMINISTRATOR
1177 ALAKEA STREET, GROUND FLOOR
HONOLULU, HAWAII 96813

It is important to note that a pardon is not a right, but an exceptional privilege, which only the Governor has the power to grant.

For criminal convictions in the State of Hawaii, the pardon process starts with the completion of the pardon application form. Once the application is submitted as instructed, it is reviewed and investigated by the Hawaii Paroling Authority, the Department of Public Safety and the Department of the Attorney General. Reviews and investigations often include interviews with not only the applicant, but with references listed by applicants and others whom are identified through investigation. Therefore, it can be a lengthy process.

After submitting your application, if you have changes to your residence or mailing address, contact telephone number(s), employment, etc., please immediately notify this agency in writing at the address provided above so that we can update your application.

The Governor can only grant pardons for criminal convictions, which have occurred in the State Courts of Hawaii. Any criminal convictions that occurred in other states or in Federal Court, would have to be addressed through the processes of those jurisdictions.

You should note that a pardon is different from an expungement, where a crime is deleted from one’s criminal record. The Governor does not have the power to expunge a record. If a pardon is granted, the criminal history record will show both the conviction and pardon. In the State of Hawaii, expungements are only provided for in certain situations. Information regarding expungement matters should be addressed with the State of Hawaii’s Department of the Attorney General. A pardon does not involve, nor is it a step toward an expungement. Further, while a pardon may be helpful to one’s employability, employers can differ on whether a pardon alone will suit their requirements. We hope that the foregoing provides some guidance on what this process entails and how to begin the process of applying for a pardon.
STATE OF HAWAII  
EXECUTIVE CHAMBERS

PARDON APPLICATION

Date ____________________

The Governor of Hawaii  
State Capitol, 5th Floor  
Honolulu, Hawaii  96813

Full Name: I, ___________________________________________  
  First  Middle  Last

Other Names including the name which you were convicted (i.e. maiden name, name by a former marriage, aliases)

a citizen of ____________________________________________, respectfully request from your Excellency,  
a pardon for the following convictions:

<table>
<thead>
<tr>
<th>Crime</th>
<th>Conviction Date</th>
<th>Sentence Date</th>
<th>Court</th>
<th>Disposition</th>
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I was released from prison on parole on ____________________________

My parole/probation period expired and I was discharged from parole/probation on ____________________________
  (Strike Inappropriate Word)  (Strike Inappropriate Word)
## PERSONAL INFORMATION

1. **Date of Birth:** __________________________  **Place of Birth:** __________________________

2. **Sex:** __________________________  3. **Social Security No.:** __________________________

4. **Physical Address:**

   **Years resided at physical address:** __________________________

5. **Mailing Address:** __________________________

6. **Cell Number:** __________________________  **Home Number:** __________________________

7. **Email Address:** __________________________

8. **Current Marital Status:** Single _____ Married _____ Divorced _____ Separated _____ Widow/er _____

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<thead>
<tr>
<th>Full Name of Spouse</th>
<th>Date of Marriage</th>
<th>Date of Divorce</th>
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<th>Address</th>
<th>Telephone Number</th>
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9. **List Children by name, age and date of birth for each:**

   If you have no children, indicated that the question is not applicable. If you need more space, use a continuation page.

<table>
<thead>
<tr>
<th>Full Name of Child</th>
<th>Date of Birth</th>
<th>Age</th>
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</table>

**All Children Living With Me:** Yes ________ No ________

If No, explain: __________________________

10. **List Parents Full Names:** __________________________

11. **List Siblings (brother and sister) by name and ages for each:**

   If you have no siblings, indicated that the question is not applicable. If you need more space, use a continuation page.

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<thead>
<tr>
<th>Name of Sibling</th>
<th>Age</th>
<th>Name of Sibling</th>
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12. **Educational History**
List all schools you have attended starting from Kindergarten, beginning from elementary and working to the most recent. If you need more space, use a continuation page.

<table>
<thead>
<tr>
<th>School Name</th>
<th>Dates: From – To (Month/Year)</th>
<th>Location (City and State)</th>
<th>Year Graduated</th>
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13. **Employment History**
List all employment and unemployment since leaving school, beginning with the present and working backward. If you need more space, use a continuation page.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Date: Start - Ended (Month/Year)</th>
<th>Address and Telephone Number</th>
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14. **Military Record**

Have you ever served in the armed forces of the United States?  **Yes**_______  **No**_______

Dates of Service: __________________________  Branch: __________________________

Type of Discharge: __________________________

15. **Community Activities**
List any organizations, clubs, church and/or activities you’re affiliated with:

<table>
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<tr>
<th>Organization</th>
<th>Activity</th>
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16. Have you ever applied for a State of Hawaii gubernatorial pardon before? Yes_____ No_____  
   If Yes, what year(s): ________________________________  

17. Are you requesting express authorization to own and/or possess firearms? Yes_____ No_____  

18. Reason for Seeking Pardon  
State your reasons for seeking a pardon. If you need more space, use a continuation page.  

_________________________________________________________________________  
_________________________________________________________________________  
_________________________________________________________________________  
_________________________________________________________________________  
_________________________________________________________________________  
_________________________________________________________________________  
_________________________________________________________________________  

Signature of Applicant  

At least three (3) character affidavits are required and must be notarized and submitted with each pardon application.  

CERTIFICATION AND PERSONAL OATH  

I, ____________________________, residing at ________________________________  
I hereby certify that all answers to the above questions contained herein are true and correct to the best of my knowledge, information, and belief.  
In petitioning the Governor of the State of Hawaii for a pardon, I do solemnly swear that I will be law-abiding in the future and will support and defend the Constitution of the United States against all enemies, foreign and domestic, and that I take this obligation freely and without mental reservation whatsoever, so help me.  

________________________________________  
Signature  

Subscribed and sworn to before me, this  
____________________ day of __________________, 20_______  

______________________________  
Notary Public  

______________________________  
My Commission Expires:  

HPA-020 (Revised 10/2022)
STATE OF HAWAII
EXECUTIVE CHAMBERS

CHARACTER AFFIDAVIT

I, ____________________________________________
(Print Your Full Name)

residing at ________________________________________,
Number __________________ Street ______________ City __________ State ______ Zip Code ______

__________________________________________, whose occupation is ________________________________
(Telephone Number Including Area Code)

depose and certify that I have personally known the petitioner for more than ______________ year(s). To the best
of my knowledge and belief(s) he/she has, since being released from prison/parole/probation conducted themselves in a
moral and law-abiding manner. (Strike Inappropriate Word)

That ____________________________________________ is currently employed by
(Print Name of Petitioner)

_________________________ at ____________________________
(Employer) (Location)

in the capacity of ___________________________ and has been employed by them for ____________ year(s).
(Position Title)

My knowledge of petitioner’s reputation, conduct and activities, since their release, including whether the petitioner has
been arrested or had any other trouble with public authorities is as follows:
(If you need more space, use a continuation page).

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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__________________________________________________________________________________________

This affidavit is made by me, in support of the application of ______________________________________
made to the Governor of the State of Hawaii for a pardon to restore their civil rights.

I do solemnly swear that the foregoing information is true and correct to the best of my knowledge, information, and
belief.

__________________________________________ Signature

Subscribed and sworn to before me, this __________________ day of __________________, 20____

Notary Public __________________________________________
My Commission Expires: _________________________________

HPA-020 (Revised 10/2022)
STATE OF HAWAII
EXECUTIVE CHAMBERS

CHARACTER AFFIDAVIT

I, ________________________________,
(Print Your Full Name)

residing at ________________________________,

Number Street City State Zip Code

__________________________, whose occupation is ________________________________,

(Telephone Number Including Area Code)

depose and certify that I have personally known the petitioner for more than ________________ year(s). To the best of my knowledge and belief(s) he/she has, since being released from prison/parole/probation conducted themselves in a moral and law-abiding manner. (Strike Inappropriate Word)

That ________________________________ is currently employed by ________________________________
(Print Name of Petitioner)

at ________________________________
(Employer) (Location)

in the capacity of ________________________________ and has been employed by them for ________________ year(s).
(Position Title)

My knowledge of petitioner's reputation, conduct and activities, since their release, including whether the petitioner has been arrested or had any other trouble with public authorities is as follows:
(If you need more space, use a continuation page).

________________________________________
________________________________________
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________________________________________

This affidavit is made by me, in support of the application of ________________________________, made to the Governor of the State of Hawaii for a pardon to restore their civil rights.

I do solemnly swear that the foregoing information is true and correct to the best of my knowledge, information, and belief.

________________________________________
Signature

Subscribed and sworn to before me, this ___________________ day of ________________________, 20__

Notary Public
My Commission Expires: _______________________

HPA-020 (Revised 10/2022)
STATE OF HAWAII
EXECUTIVE CHAMBERS

CHARACTER AFFIDAVIT

I, ____________________________________________,
(Print Your Full Name)
residing at ____________________________________________,
Number Street City State Zip Code
whose occupation is ____________________________________________,
(Telephone Number Including Area Code)

depose and certify that I have personally known the petitioner for more than __________________________ year(s). To the best of my knowledge and belief(s) he/she has, since being released from prison/parole/probation conducted themselves in a moral and law-abiding manner.

(Strike Inappropriate Word)

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(Print Name of Petitioner)

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____________________________________________________________

____________________________________________________________

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I do solemnly swear that the foregoing information is true and correct to the best of my knowledge, information, and belief.

________________________________________
Signature

Subscribed and sworn to before me, this __________________________ day of __________________________, 20______

Notary Public __________________________
My Commission Expires: __________________________

HPA-020 (Revised 10/2022)