

## **PARDON INFORMATION AND INSTRUCTIONS**

1. COMPLETE THE OFFICIAL STATE OF HAWAII PARDON APPLICATION IN ITS 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 SEPERATION 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.



## 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 \_\_\_\_\_ Widowed \_\_\_\_\_

Full Name of Spouse	Date of Marriage	Date of Divorce
Address	Telephone Number	

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.

Full Name of Child	Date of Birth	Age
Full Name of Child	Date of Birth	Age
Full Name of Child	Date of Birth	Age
Full Name of Child	Date of Birth	Age
Full Name of Child	Date of Birth	Age

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.

Name of Sibling	Age	Name of Sibling	Age
Name of Sibling	Age	Name of Sibling	Age
Name of Sibling	Age	Name of Sibling	Age

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.

<u>School Name</u>	<u>Dates: From – To</u> (Month/Year)	<u>Location</u> (City and State)	<u>Year Graduated</u>

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.

<u>Employer</u>	<u>Date: Start - Ended</u> (Month/Year)	<u>Address and Telephone Number</u>

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

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\_\_\_\_\_  
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 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: \_\_\_\_\_

**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).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

**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)

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(Strike Inappropriate Word)

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\_\_\_\_\_ at \_\_\_\_\_  
(Employer) (Location)

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Notary Public \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Signature

**STATE OF HAWAII  
EXECUTIVE CHAMBERS**

**CHARACTER AFFIDAVIT**

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Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

Notary Public \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_