

PARDON INFORMATION AND INSTUCTIONS

Please read carefully before completing the pardon application.

IMPORTANT NOTICE

The information that we request from you on the accompanying pardon application form and in any background investigation, is needed to elicit the broad range of information required to allow the Governor to make an informed judgment of the applicant's suitability for pardon. You are under no obligation to furnish any information. However, if you do not provide all the information requested, we will not be able to process your application.

Individuals who have been convicted of a crime in the State of Hawaii may apply for a gubernatorial pardon. 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 to people who have demonstrated exemplary behavior following their conviction. 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 the Federal Court, would have to be addressed through the processes of those jurisdictions.

Submit the Pardon Application and Character Affidavits to the Hawaii Paroling Authority (HPA)

A person seeking a gubernatorial pardon shall complete the official four (4) page State of Hawaii pardon application and three (3) character affidavits without any alterations to the 7-page forms packet. Following completion and required notarization of the application and all three (3) of the character affidavits, submit the documents via mail to: **HAWAII PAROLING AUTHORITY, ATTN: FIELD PAROLE BRANCH ADMINISTRATOR, 1177 ALAKEA STREET, GROUND FLOOR, HONOLULU, HAWAII 96813.** The pardon application and character affidavits must be:

1. Completed in its entirety
2. Entirely legible
3. No two-sided copies
4. Application and three (3) character affidavits are required and must be notarized
5. Persons related by blood or marriage CANNOT be used for the character affidavits
6. May attach additional pages and documents
7. Meets eligibility requirements
 - a. Demonstrate the ability to live a pro-social lifestyle for a significant period of time. Minimum five (5) years waiting period after the date of release from confinement, parole, probation and/or sentence imposed.
 - b. No current convictions(s)
 - c. No pending charge(s)
 - d. Fine, fees, restitution, etc. paid off
 - e. Financial stability
 - f. Law-abiding citizen

Military Record

If you ever served in the armed forces of the United States, submit a copy of your separation papers (Form DD-214) for verification of service.

Effect of a Pardon

A pardon is different from an expungement, where a crime is deleted from the applicant's criminal record. **A pardon does not erase or expunge the records of conviction.** When a pardon is granted, the criminal history record will show both the conviction and pardon.

The Investigation Process

The pardon investigation process can be lengthy as it is a thorough process. It starts with the completion of the pardon application and three (3) character affidavits. Once the required documents are submitted as instructed, it is reviewed and investigated by the Hawaii Paroling Authority (HPA), the Department of Public Safety (DPS) and the Department of the Attorney General (AG). If a submitted pardon application is incomplete or does not sufficiently answer or meets the criteria, the HPA will contact the applicant and explain what information is required. Investigations often include interviews with the applicant, those persons who have executed the character affidavits and others whom are identified through the investigation.

Applicant Information Updates

After submitting your application, if any information changes such as residence or mailing address, telephone number, email, employment, etc., please immediately notify the HPA in writing via mail so that we can ensure your application packet is updated.

Status Updates

The HPA does not disclose information regarding the nature of results of any investigation or the exact point in the pardon process at which an application is pending. **When a status update is requested, the HPA can only advise you as to whether your application remains under consideration.** You will be notified directly by the Governor's Office when a final decision is made.

Reapplying

An applicant whose request for a pardon is denied, may reapply any time after two (2) years from the date of the Governor's denial. To reapply for a pardon, a person must complete and submit a new application form that contains current information in response to all questions and new character affidavits. Resubmitting the prior application form that was previously denied is not an acceptable form of reapplication.

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

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 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)

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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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)

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Signature

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Notary Public
My Commission Expires: _____