



<div><div>SOUTH DAKOTA</div><div></div><div>PAROLE BOARD POLICIES AND PROCEDURES</div></div>		<div>POLICY NUMBER 8.1.A.10</div>	<div>PAGE NUMBER  1 OF 6</div>
		<div>DISTRIBUTION:</div>	<div>Public</div>
		<div>SUBJECT:</div>	<div>Executive Clemency- Commutation of Sentence</div>
<div>RELATED STANDARDS:</div>	<div>Standards N/A</div>	<div>EFFECTIVE DATE: 12/10/2025</div>	
		<div>SUPERSESSSION: December 2024</div>	
<div>DESCRIPTION: Parole Board</div>		<div>REVIEW MONTH: December</div>	<div> Myron Rau, Chair Board of Pardons and Paroles</div>

## I. POLICY:

It is the policy of the South Dakota Department of Corrections Board of Pardons and Paroles to outline the process of executive clemency-commutation of sentence.

## II. PURPOSE:

The purpose of this policy is to provide guidance to the public, parole administration staff and the Board of Pardons and Paroles on the process of executive clemency-commutation of sentences.

## III. DEFINITIONS:

### Delegation of Authority by Governor: SDCL 24-14-1

The Governor may, by executive order, delegate to the Board of Pardons and Paroles the authority to hear applications for pardon, commutation, reprieve, or remission of fines and forfeitures, and to make its recommendations to the Governor.

### Board of Pardons and Paroles' Recommendation of Commutation of Sentence:

A recommendation made to the Governor by the Board of Pardons and Paroles to reduce an offender's sentence.

### Governor's Commutation: SDCL 24-2-15

Diminution of period of confinement for good behavior, failing health, or other reasons in the interest of justice. If any offender, convicted under the laws of this state, has demonstrated continued exceptional good behavior, or is in failing health, or for some other good and sufficient reason in the interest of justice, the Governor, upon the recommendation of the Secretary of Corrections, may diminish the offender's period of confinement.

### Eligibility for Clemency: SDCL 24-15A-23

Application for Clemency: An application for clemency may not be heard by the board for two (2) years after the date of the judgment. If an application for clemency is denied, an offender may not again present an application for clemency for a period of one (1) year. If an application for clemency is denied for an offender convicted of a crime of violence, as defined in subdivision 22-1-2(9) and sentenced to life imprisonment, the offender may not again present an application for clemency for a period of four (4) years.

### Crime of Violence: SDCL 22-1-2(9)

Any of the following crimes or an attempt to commit, or a conspiracy to commit, or a solicitation to commit any of the following crimes: murder, manslaughter, rape, aggravated assault, riot, robbery, burglary in the first degree, arson, kidnapping, felony sexual contact as defined in § 22-22-7, felony child abuse as defined in § 26-10-1, or any other felony in the commission of which the perpetrator used force, or was armed with a dangerous weapon, or used any explosive or destructive device.

### Eligibility for Clemency (New System Offenders): SDCL 24-15A-23.1

An offender is ineligible to apply for clemency if the offender reaches the initial parole date set pursuant to SDCL 24-15A-32

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### **Designation of Hearing Officers - Written Recommendation: SDCL 24-15A-9**

The chair of the board may designate individual parole board members as hearing officers who may conduct hearings pursuant to this chapter and chapters 24-13, 24-14, 24-15, and 24-15A to take testimony and make recommendations to the board. The recommendation shall be in writing and reviewed by the board or a panel of the board who may adopt the recommendations.

### **Hearing Panel: SDCL 24-15A-10**

The chair of the board may designate panels of two or more board members to conduct hearings pursuant to SDCL chapters 24-13, 24-14, 24-15, and 24-15A, take testimony, and take final action.

### **Publication of Notice of Application for Clemency: SDCL 24-14-4**

All applicants recommended for a personal appearance full board hearing shall publish once each week for three consecutive weeks in the official newspapers of the county of. The notice shall include the current name of the applicant and any additional name(s) used when convicted, the public offense for which the applicant was convicted, the date of conviction, and the term of imprisonment. The last publication shall be published at least twenty (20) days before the hearing. The affidavit of the publisher of the paper showing the notice has been published must be sent to parole board administration staff to be added to the application prior to the full board hearing.

### **Notice to Prosecuting Attorney, Sentencing Judge, Attorney General, and Law Enforcement of Hearing for Clemency: SDCL 24-14-3**

For all applicants recommended for a personal appearance full board hearing, parole board administration staff shall notify (by email) the current State's Attorney in the county of conviction, the sentencing (or presiding) judge, the attorney general, and the sheriff or local law enforcement agency where the offense was committed at least thirty (30) days prior to a hearing by the board.

### **Victim Notification - Content: SD Constitution, Article 6, Section 29**

Upon the scheduling of a clemency hearing, parole board administration staff shall notify the victim pursuant to SD Constitution Article 6 Section 29. The victim holds the right, upon request, to be informed in a timely manner of clemency and expungement procedures, to provide information to the Governor, the court, any clemency board and other authority in these procedures, and to have that information considered before a clemency or expungement decision is made, and to be notified of such decision in advance of any release of the offender.

### **Recommendation for Clemency to be in Writing - Record of Finding and Reasons: SDCL 24-14-7**

Whenever the Board of Pardons and Paroles recommends clemency to the Governor, the recommendation shall be in writing. The board shall keep a record of its findings and the reasons for its recommendation.

### **Majority Vote Required for Certain Recommendations: SDCL 24-15A-11**

No person seen by a panel may be paroled or denied parole, recommended for clemency, nor may a person's parole be revoked or rescinded without the concurrence of two board members. No person seen by the full board may be paroled or denied parole or recommended for clemency without the concurrence of the majority of the full board.

### **Executive Board Summary:**

A summary prepared by parole board administration staff that gives a brief overview of the applicant's background, personal information, and criminal history.

### **Governor's File:**

The file sent to the Governor's office that includes the application, an updated executive summary, copies of all supporting documents, and contact information from involved agencies and victim(s). (See Document Index for a list of included documents.)

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### **Document Index:**

A list of all documents and the order of those documents sent to the Governor's office.

### **Personal Plea: ARSD 17:60:05:01**

All applications for executive clemency shall be accompanied by a written statement signed by the applicant setting forth what the applicant believes to be a reasonable and realistic recommendation the board might make to the Governor. This statement may include any plea the applicant may desire to make in support of the application

### **Victim, Definition: SD Constitution, Article 6, Section 29**

A person against whom a crime or delinquent act is committed. In the case of a victim who is killed or incapacitated as a result of the crime or delinquent act, or who is a minor, the term also includes any spouse, parent, child, sibling, or as designated by the court, grandparent, grandchild, or guardian. The term does not include the accused or a person whom the court finds would not act in the best interests of a deceased, incompetent, minor or incapacitated victim.

## **IV. PROCEDURES**

### **Notification of Executive Clemency Hearings:**

The Board of Pardons and Paroles will approve a yearly schedule of hearing dates. Designated staff will publish this yearly schedule on the State's Boards and Commissions website. A monthly schedule will be posted each month on the State's Boards and Commissions website and at the South Dakota State Penitentiary.

### **Application for Commutation of Sentence:**

- A. A standard application (Commutation of Sentence Application – SDCS-1, Part I and Part II) is available from the Parole Board Administration Office.
- B. Offenders wishing to apply for commutation will be required to send a kite to the Parole Board Administration Office requesting an application for commutation of sentence. Staff will determine if an offender requesting an application meets the minimum eligibility requirements for a commutation of sentence. Once it's been established that the offender qualifies for a commutation of sentence, an application will be sent. Application instructions are provided with the application, and offenders may kite staff for assistance with answering questions about the application process.
- C. To be eligible for a commutation, the applicant must meet the following minimum requirements:
  1. A minimum of two (2) years since the sentencing date
  2. One (1) year since the last application for commutation of sentence, with the following exception: if the offender has been convicted of a crime of violence, as defined in subdivision 22-1-2(9) and sentenced to life in prison, the offender may not again present an application for clemency for a period of four (4) years.
  3. If the date of the offense was on or after July 1, 1996, the applicant may not apply for a commutation of sentence if they are parole eligible (SDCL 24-15A-23.1).

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## Completed Applications: Part I

- A. Upon receiving an application, parole board administration staff will date stamp the document and check for completeness, ensuring the application is completed and signed and a letter of personal plea and statement of offense are attached.
1. Offenders who submit an incomplete commutation packet will be sent a letter from the parole board administration office detailing what items are missing. The offender can submit the missing items within 90 days of the date of the letter. If the missing items are not submitted within 90 days, the application will be destroyed, and the applicant will have to begin the process again if they choose to apply.
  2. When a packet is complete, staff will enter pertinent information and schedule a paper review by a hearing panel of the board.
  3. Commutation hearings will be tracked and do not require a certified copy of sentence and judgment, identification document, proof of payment, or chemical dependency assessment as relevant information can be obtained from DOC records and/or the legal file.
  4. When a packet is complete, staff will notify the warden of the respective institution and the director of prison operations of the upcoming two-panel commutation hearing, requesting input, recommendations or opinions regarding the offender and the merit of the request. The warden, director of prison operations, or any designee they identify can provide any such information in any format or form they determine appropriate.

## Hearing Panel Review:

- A. The hearing officer or panel will review the application (Part I) as a paper review and decide to deny the application, continue the application to another panel review, or make a recommendation to the full board for a personal appearance hearing.
1. Recommendation to full board: Parole board administration staff will notify the offender of the results in writing and send Part II of the application.
  2. Denial: Staff will notify the offender of the results in writing and that he/she may apply again in one (1) year or in four (4) years providing they meet the eligibility requirements.

## Personal Appearance Hearing:

- A. Notification and Publication Process: Commutation of Sentence Application: Part II
1. For those recommended for a full board personal appearance hearing, parole board administration staff will send Part II of the application to the applicant:
    - a. Applicants are responsible for completing and sending form SDSCS-3 to the State's Attorney in the county of conviction. Applicants are responsible to return the completed form (signed by the state's attorney) to the parole board administration office prior to a scheduled personal appearance hearing.
    - b. Applicants are responsible for completing and sending the Notice of Publication to a newspaper in the county of conviction (Application Form SDSCS-2). Applicants are responsible to return the newspaper's affidavit of publication to the parole board administration office prior to a scheduled personal appearance hearing.

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- B. Once it has been determined that the commutation of sentence packet is complete (Parts I and II), staff will schedule a personal appearance full board hearing and notify the applicant of the date, time and place of the hearing.
  - 1. Parole board administration staff will also notify the warden of the penitentiary and the Central Records office regarding the date, time and place of personal appearance hearing.
- C. Staff will email notifications that include the date, time and place of the hearing and a request for relevant law enforcement reports and recommendations for clemency to the following:
  - 1. State's attorney (county of offense/conviction)
  - 2. Sentencing or presiding judge
  - 3. Sheriff (county of offense/conviction)
  - 4. Clerk of courts
  - 5. Attorney general.
    - a. SDCL 24-14-3 requires a thirty (30) day notice to the prosecuting attorney, sentencing/presiding judge, attorney general, and law enforcement of hearing for clemency.
    - b. SDCL 24-14-4 requires twenty (20) days between last publication and hearing.
- D. Staff will prepare an executive summary, provide the board with various reports, and request several date calculation scenarios from the Central Records office prior to the offender's full board hearing. All information will be made available to the board for review prior to/during the personal appearance hearing.
- E. At the time of the full board hearing, the board will review the application and other supporting documents and may conduct a personal interview with the applicant and may take testimony from them and other interested parties. The Board may limit the number of individuals that are allowed to testify and/or the length of time that individuals are allowed to testify for. Exception: Pursuant to S.D. Constitution, Article 6, Section 29, victims will be allowed to testify for a reasonable length of time.

### **Board Recommendations:**

- A. The full board may deny an application. The applicant may be informed as to the board's reasoning and that they may present a new application in one (1) year or in four (4) years. Parole board administration staff will notify the applicant in writing.
- B. The board may continue a clemency hearing for cause up to six (6) months. This may be at the board's discretion, seeking additional information, or at the request of the applicant.
- C. The full board may recommend a commutation of sentence to the Governor. The board may announce their decision at the hearing. Parole board administration staff will notify the applicant in writing of the decision.
- D. Recommendations to the Governor will include the following:
  - 1. The commutation of sentence application packet and all supporting documents including letters of support, letters against clemency, the executive summary, and a recording of the full board hearing.
  - 2. Recommendation from the board
  - 3. A copy of all relevant documents in the offender's legal file, including the PSI, law enforcement reports, etc.

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- a. Files will be submitted electronically through the SD clemency website.

### **Governor's Decision - Notifications:**

- A. Upon notification from the Governor's office of an executive clemency decision, parole board administration staff will notify the applicant of the decision in writing within ten (10) business days and will mail (certified) the Order granting commutation to him/her.
- B. In all decisions that result in a granted commutation, staff will notify the following of the commutation and include a copy of the order:
  1. South Dakota Department of Criminal Investigation (DCI);
  2. Clerk of Courts in the county(s) where the offense was committed; and
  3. DOC Central Records Office.

### **Sealed Records:**

Once a final decision has been made on an application, parole board administration staff will secure the applicant's records in a permanent clemency file, which will be scanned and stored in an electronic database which will not be accessible to the public.

## **V. RESPONSIBILITY**

The Parole Board's administrative staff will be responsible for updates to this policy.

## **VI. AUTHORITY**

SDCL Chapters: 24-14, 24-15, 25-15A, 1-26 & 24-2

Administrative Rules Chapter 17:60:05, Executive Clemency

## **VII. HISTORY**

December 2025

December 2024

December 2023

December 2022

September 2021

September 2018

December 2016

December 2014

December 2013

August 2012

March 2008

November 2003

## **ATTACHMENTS**

Attachment 1: Commutation Instructions

Attachment 2: Commutation Application

Attachment 3: Commutation Forms

# **SOUTH DAKOTA BOARD OF PARDONS AND PAROLES APPLICATION FOR EXECUTIVE CLEMENCY – COMMUTATION OF SENTENCE**

## **APPLICATION INSTRUCTIONS**

### **DEFINITION OF CLEMENCY:**

SDCL 24-14-2 Forms of clemency. The term “clemency” means a pardon, commutation, reprieve, or remission of a fine or forfeiture. (This application is for commutation of sentence only.)

### **SOUTH DAKOTA STATUTES GOVERNING EXECUTIVE CLEMENCY ARE FOUND IN SDCL CHAPTER 24-14 AND 24-15A**

The South Dakota Board of Pardons and Paroles hears Executive Clemency applications and then makes a recommendation to the Governor. The Board does not grant Executive Clemency.

### **Eligibility:**

- It must be at least one (1) year since the date of judgment. (SDCL 24-15A-23)
- If you are within two (2) years of the date of judgment, please note that SDCL 23A-27-19 gives the sentencing judge jurisdiction to suspend a sentence for a period of two (2) years. If it has been more than two (2) years since the date of judgment, you may apply for a commutation. (SDCL 24-15A-23).
- If an application is denied, you may not present another application for one (1) year from the date of the denial. If you have been convicted of a crime of violence, as defined in subdivision 22-1-2(9) and sentenced to life imprisonment, you may not present another application for clemency for a period of four (4) years. (SDCL 24-15A-23)
  - Crime of violence: any of the following crimes or an attempt to commit, or a conspiracy to commit, or a solicitation to commit any of the following crimes: murder, manslaughter, rape, aggravated assault, riot, robbery, burglary in the first degree, arson, kidnapping, felony sexual contact as defined in § 22-22-7, felony child abuse as defined in § 26-10-1, or any other felony in the commission of which the perpetrator used force, or was armed with a dangerous weapon, or used any explosive or destructive device.
- If you are currently incarcerated for the offense for which you are seeking clemency and the date of the offense was on or after July 1, 1996, you may not apply if you have reached your initial parole date. (SDCL 24-15A-23.1)

## **APPLICATION INSTRUCTIONS: PART I**

If you are applying on more than one transaction (conviction), please use an additional page 2 of this application for each transaction for which you are applying.

### **PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION.**

The checklist below is provided for your use and personal records. Please ensure all items below are included in your application prior to submission.

### **REQUIRED DOCUMENTS:**

- Completed, signed and dated application (if you are applying on more than one offense, include a separate page 2 for each transaction for which you are seeking clemency)
- Your letter of Personal Plea (a statement in your own words of why you are asking for a commutation, how it will serve justice, benefit you and society)
- Your statement of offense (a statement in your own words describing the crime(s) for which you are seeking clemency)
- Proof of payment of court costs, fines and restitution
- Signed Release of Information
- Letters of recommendation (letters should reference that the letter writer is aware you are seeking a commutation)
- Any other documents you wish to attach that are relevant to the application

After you have fully completed the application and all attachments, you may mail/forward all documents to the Parole Board Administration Office, 1501 S. Highline Ave, Ste. 3A, Sioux Falls, SD 57110-1003.

Staff will review for completeness and schedule the application for a paper review before the Board.

The Board will review the application and file. They will either grant a personal appearance hearing, continue the hearings to another paper review for further investigation, or deny the request.

You will be notified of the Board's decision:

-If the application is recommended for a personal appearance, you will be notified, and additional forms (Part II) will be provided from this office. When they are returned, a personal appearance will be scheduled.

-If your application is denied, you will be notified if you may apply again one year or four years after the denial.

## **Application Instructions: PART II**

If you are granted a personal appearance hearing, you will be notified of the requirements to publish a notice of hearing in the legal newspaper in the county of conviction and to notify the state's attorney in the county of conviction of the hearing. These forms will be sent to you from the Parole Board Administration Office.

### **FORM SDCS-2: NOTICE OF PUBLICATION**

SDCL 24-14-4 requires that applicants publish in official newspapers designated by the county where the offense was committed, the name of the person on whose behalf the application is made, the public offense for which the person was convicted, the time of the person's conviction, and the term of imprisonment (you must publish on all transactions for which you are seeking clemency). This must be published once a week for three consecutive weeks. The last publication date shall be at the minimum of twenty days before the hearing.

To do this, complete the form (SDCS-2) (one per transaction) and send it to the newspaper in the county(ies) where the offense(s) occurred. The newspaper will forward the completed affidavit of publication to you to provide to the Parole Board Administration Office. All costs of publication are at the applicant's expense.

### **FORM SDCS-3: NOTICE TO STATES ATTORNEY**

Complete the top and middle portions of SDCS-3, Notice to State's Attorney, and send it to the state's attorney in the county where you were convicted (one for each transaction for which you are applying). The state's attorney will sign and date the form and return it to you. You will then send it to the Parole Board Administration Office.

*\*These forms should only be sent after you have received notice that you were granted a personal appearance hearing.*

**NOTIFICATION OF HEARING DATE AND TIME:**

**ONCE THE BOARD GRANTS A PERSONAL APPEARANCE HEARING AND THE ABOVE FORMS HAVE BEEN RECEIVED A HEARING WILL BE SCHEDULED.**

**THE APPLICANT, STATE'S ATTORNEY, ATTORNEY GENERAL, SHERIFF AND SENTENCING (OR PRESIDING) JUDGE WILL BE NOTIFIED IN WRITING BY THE BOARD OFFICE OF THE TIME AND DATE AND PLACE OF THE HEARING.**

You will appear before the Board of Pardons and Paroles. You may be personally interviewed by the board and asked to provide testimony. A decision may be announced at the hearing.

If the Board denies the application, you will be notified if you may apply again one year or four years from the date of the denial.

If the Board recommends a commutation to the Governor, the recommendation, application and all attachments will be sent to the Governor's Office for final review/decision.

The Governor's office will notify the Parole Board Administration Office of the decision to grant or deny a commutation. You will be sent a notification of the Governor's decision.

If granted, your records/date calculations will be changed to reflect the commutation and you will receive the official Order Granting Commutation.

If denied, you will be notified if you may apply again one year or four years from the date of the denial.

**PROCESSING:**

All applications presented for review by the South Dakota Board of Pardons and Paroles will receive a written notice of the Board's decision to grant or deny a personal appearance hearing within ten (10) working days after the Board's review.

THIS POLICY IS NOT AN APPLICATION. DO NOT PRINT THIS AND USE IT AS YOUR APPLICATION.  
OFFENDERS WISHING TO APPLY FOR COMMUTATION WILL BE REQUIRED TO SEND A KITE TO THE  
PAROLE BOARD ADMINISTRATION OFFICE REQUESTING AN APPLICATION FOR  
COMMUTATION OF SENTENCE.

## **SOUTH DAKOTA BOARD OF PARDONS AND PAROLES APPLICATION FOR EXECUTIVE CLEMENCY - COMMUTATION**

*Complete all fields or mark as not applicable (N/A).*

**Name:** \_\_\_\_\_ **DOC #** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Sex:** M F Other \_\_\_\_\_

**Are you a United States citizen?** Y N **Social Security Number** ----- \_\_\_\_\_

### **Previous names**

*State in full every other name by which you have been known, including the name under which you were convicted, the reason for your use of another name, and the dates during which you were so known (i.e., include your maiden name, name by a former marriage, aliases, and nicknames).*

\_\_\_\_\_

**Have you ever applied for Clemency (Commutation) before?** Yes No

*If YES, state the year you applied.*

\_\_\_\_\_

\_\_\_\_\_

## OFFENSE FOR WHICH CLEMENCY IS SOUGHT

*Use an additional sheet for each additional transaction for which clemency is sought*

Offense: \_\_\_\_\_

Date offense committed: (month/day/year) \_\_\_\_\_

Date of conviction: (month/day/year) \_\_\_\_\_ County of conviction: \_\_\_\_\_

Sentence received: \_\_\_\_\_ Sentencing judge: \_\_\_\_\_

If you were ordered to pay any of the following, please indicate amount ordered and the amount you have paid to date:

**Court costs:** Amount ordered: \$ \_\_\_\_\_ Paid: \$ \_\_\_\_\_

**Fines:** Amount ordered: \$ \_\_\_\_\_ Paid: \$ \_\_\_\_\_

**Restitution:** Amount ordered: \$ \_\_\_\_\_ Paid: \$ \_\_\_\_\_

**Attorney's Fees:** Amount ordered: \$ \_\_\_\_\_ Paid: \$ \_\_\_\_\_

## VICTIM INFORMATION

*Please provide the following information (if known) (SD Constitution Article 6 Section 29, Victim defined). Attach additional sheets if necessary. **NOTE:** Do **NOT** attempt to contact the victim(s) or victim's family to obtain this information; only provide information if known and/or accessible to you.*

Victim name: \_\_\_\_\_

Relationship to you (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## **PRIOR AND SUBSEQUENT CRIMINAL RECORD**

**Excluding traffic offenses and the offense(s) for which you are requesting a commutation, have you ever been arrested for, charged with, or convicted in any court of any other crime or offense at any other time? If you received a suspended imposition of sentence for the offense, you must answer yes.** Yes No

*If your answer to the above question is **YES**, provide the following information for each offense. Use additional sheets if necessary.*

1. Offense: \_\_\_\_\_ Date of offense: \_\_\_\_\_  
Disposition (e.g., never charged, dismissed, found not guilty, convicted): \_\_\_\_\_  
If convicted, sentence received: \_\_\_\_\_
2. Offense: \_\_\_\_\_ Date of offense: \_\_\_\_\_  
Disposition: \_\_\_\_\_  
If convicted, sentence received: \_\_\_\_\_
3. Offense: \_\_\_\_\_ Date of offense: \_\_\_\_\_  
Disposition: \_\_\_\_\_  
If convicted, sentence received: \_\_\_\_\_
4. Offense: \_\_\_\_\_ Date of offense: \_\_\_\_\_  
Disposition: \_\_\_\_\_  
If convicted, sentence received: \_\_\_\_\_
5. Offense: \_\_\_\_\_ Date of offense: \_\_\_\_\_  
Disposition: \_\_\_\_\_  
If convicted, sentence received: \_\_\_\_\_
6. Offense: \_\_\_\_\_ Date of offense: \_\_\_\_\_  
Disposition: \_\_\_\_\_  
If convicted, sentence received: \_\_\_\_\_

## **FAMILY AND FINANCIAL INFORMATION**

Current marital status: \_\_\_\_\_

Spouse's name and telephone number: \_\_\_\_\_

List names of any previous spouses and dates of divorce or separation:

\_\_\_\_\_

Names and ages of dependents/children:

\_\_\_\_\_

List any alimony or child support payments you were ordered to make:

\_\_\_\_\_

Amount of alimony or child support you are presently paying: \_\_\_\_\_

Are you delinquent in child support payments: Yes No If yes, amount: \_\_\_\_\_

Are you delinquent in alimony payments: Yes No If yes, amount: \_\_\_\_\_

Are any of your dependents now receiving any public assistance (welfare benefits, Social

Security, disability, etc.)? If so, give reason: \_\_\_\_\_

\_\_\_\_\_

Amount of public assistance received per month: \$ \_\_\_\_\_

## **EDUCATION**

Highest level of school completed: \_\_\_\_\_

Name and address of school: \_\_\_\_\_

Degree earned: \_\_\_\_\_

## EMPLOYMENT

*Provide the following information about your institutional employment since your incarceration. List your present job first. Attach additional sheets when necessary.*

Current work assignment: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Trade or job description: \_\_\_\_\_

Dates of employment (approximate): From: \_\_\_\_\_ To: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

*Please provide the following information if known; dates can be approximate*

1. Work assignment: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Trade or job description: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for job change: \_\_\_\_\_

2. Work assignment: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Trade or job description: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for job change: \_\_\_\_\_

3. Work assignment: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Trade or job description: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for job change: \_\_\_\_\_

## **MILITARY**

*Describe your military experience, including branch, years of service, and type of discharge.*

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## **INSTITUTIONAL ACTIVITIES / COMMUNITY SERVICE**

Provide a brief description of organizations you belong to, hobbies and special interests:

---

List honors, awards, or achievements since your conviction (please attach **copies** of certificates):

---

List community service or volunteer service projects you have participated in since your conviction:

---

## **ALCOHOL / DRUG USE OR ABUSE**

Have you ever been addicted to or abused alcohol or drugs of any type? Yes No

If you checked **YES** above, complete the following:

Kind of addiction or abuse: \_\_\_\_\_

Dates of addiction or abuse: \_\_\_\_\_

Did you complete a program? Yes No

Description of services received and dates: \_\_\_\_\_

---

Please attach a copy of program completion certificate(s).

## MENTAL HEALTH

Have you received services for mental health issues? Yes No

If you checked **YES** above, complete the following:

Type of services: \_\_\_\_\_

Dates of services: \_\_\_\_\_

Did you complete a program? Yes No

Description of services received and dates: \_\_\_\_\_

\_\_\_\_\_

Please attach a copy of program completion certificate(s).

Under penalty of law, I hereby certify that all the information provided on this application is true. I fully understand that it is a crime in the State of South Dakota punishable by fine or imprisonment, or both to knowingly make false statements concerning any of the above facts.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Commutation of Sentence Application Release of Information**

I, \_\_\_\_\_, the undersigned applicant for Commutation of Sentence to the South Dakota Board of Pardons and Paroles, do hereby authorize any and all persons, firms or corporations; to release any and all information or documents they may now have or hereinafter receive concerning me.

I authorize the release of said information to the South Dakota Board of Pardons and Paroles, their designee or agent. In granting this release, it is my understanding that the information or documents obtained will be used for the sole consideration of my application for Commutation of Sentence.

I further forever hold blameless those persons, firms, corporations and the South Dakota Board of Pardons and Paroles, who by virtue of this consent may release information as requested.

A photocopy of this release form will be valid as an original, even though said photocopy does not contain an original writing of my signature.

I have read fully and understand the contents of this application and the authorization for release of personal information.

Full Name (Print):

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Other Names Used (Print):

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Date of Birth:

---

Social Security Number:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

*This document must be signed and dated for an application to be processed.*

South Dakota  
Board of Pardons and Paroles

Dear Publisher:

Please publish the following Notice of Application for Executive Clemency once a week for three consecutive weeks.

In order for me to complete the application for Commutation of Sentence, I must send a notarized affidavit of publication to the Board of Pardons and Paroles after publication. Please send a notarized affidavit of publication to my address listed below. Thank you for your assistance.

Sincerely,

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Applicant:

Applicant's address:

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*Notice of Application For Commutation of Sentence*

\_\_\_\_\_ who was sentenced from  
\_\_\_\_\_ County,

the \_\_\_\_\_ Day of \_\_\_\_\_ ,  
to

Fine, Forfeiture, Jail or Prison

For the crime of \_\_\_\_\_

Has applied to the South Dakota Board of Pardons and Paroles for:

☐ Commutation

☐ Reprieve or Remission of Fine or Forfeiture

Dear State's Attorney:

In order for me to complete the application for Commutation of Sentence, I am required to provide the State's Attorney who prosecuted my crime or his/her successor in office with Notice of Application for Executive Clemency. I must then file the return of service with the Board of Pardon and Paroles. Please sign and date this document and return it my address listed below.

Sincerely,

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
\_\_\_\_\_

<b>South Dakota Board of Pardons and Paroles</b> <b>Notice of Executive Clemency Hearing</b>
FOR COMMUTATION OF SENTENCE
NOTICE IS HEREBY GIVEN that an Application for Commutation of Sentence will be presented to the South Dakota Board of Pardons and Paroles. Upon the Board of Pardons and Paroles receiving a completed application, you will be notified by letter from the Parole Administration Office of the time and date of the hearing.
Applicant:
Sentencing Judge: _____, of the _____ Circuit Court.
County of Conviction:
Date of Conviction:
Sentence:

Due legal and personal service of the within and foregoing instrument is hereby admitted at \_\_\_\_\_

County, South Dakota, on this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
State's Attorney Signature