

Ohio Governor's Expedited Pardon Project

INSTRUCTIONS FOR COMPLETION OF DRC 3012

A collaboration between the Drug Enforcement and Policy Center at The Ohio State University Moritz College of Law, the Reentry Clinic at The University of Akron School of Law and the Office of Ohio Governor Mike DeWine

The purpose of this form is to facilitate the Ohio Department of Rehabilitation and Correction's (ODRC) completion of a full search of applicants' criminal records. The Project requires that only some of the fields be completed. See below for a list of those required fields. Do not complete fields that are not listed below.

Page 1

Please complete the following fields on page 1.

- Name (Last, first, middle)
- Maiden Name or Alias
- Date of Birth
- Social Security Number
- Sex
- Race

Page 2

Please complete the following fields on page 2.

- Applicant Signature
- Date

Ohio Parole Board
 4545 Fisher Road, Suite D
 Columbus, OH 43228



Clemency Request for Information

The person identified below has applied for Clemency through the Ohio Parole Board. The information requested is needed to assist the Adult Parole Authority in preparing a written investigation regarding this individual. Your cooperation will be greatly appreciated. Please return this form with the requested information within three (3) days.

Addressee:

Date:
Requesting Person/Unit (If Applicable):

Name (last, first, middle):			Maiden Name or Alias:	
Date of Birth:	Social Security Number:	FBI Number:	BCI Number:	
Sex:	Race:	Inmate Number:	CCIS Number:	

Information Desired (please elaborate and give additional comments)

- Sealed/Expunged Record** Any information in your possession or control pertaining to prior conviction or criminal record that is under seal or order for expungement
- Prior Arrest Record** Dates, Charges, Dispositions, Offenses involving **Weapons or Violence**, please provide arrest report(s)
- Educational Data** Grade Completed, General Rating as a Student, Mental or Intelligence Examination Results, Attendance, Reason Left, Comments, Copy of Transcripts
- Employment Data** Confirmation of Employment, Dates, Position(s) Held, Wages, Reason for Termination, Consideration for Re-employment, and Comments
- Substance Abuse** Chemical or Alcohol Addiction, Treatment, Recommendations
- Medical History** Diagnoses of Physical/Mental Ailments and/or Disabilities, Current Drug Prescriptions, Treatments, HIV/STD Status and Treatment, Discharge Summary, Hospitalizations and Recommendations
- Mental Health History** Mental Health Assessment, Diagnosis, Treatment, Discharge Summary, Recommendations
- Military Service** Dates of Service, Branch, Discharge Type, Rank Attained, Court Martial (type, nature of offense, dates, and sentence)
- Other** (Specify): _____

I authorize release to the Ohio Parole Board all confidential records and information concerning me, this includes: criminal, traffic, vocational, educational, employment, military, medical, including HIV, mental health, drug and alcohol abuse treatment records and any other requested information. I understand that the Parole Board may share this information with other entities to facilitate the clemency request. This consent will remain valid throughout the duration of the clemency process with the Ohio Parole Board. A copy of this authorization made by duplicating process shall be considered the same as the original signed one.

If my record has been sealed or expunged, I authorize the Ohio Bureau of Criminal Investigation and/or my sentencing court to release any information in its possession or control pertaining to my prior conviction or criminal record, that is currently under seal or order for expungement to the Ohio Parole Board for consideration of my application for clemency.

Applicant Signature:	Date:
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Please stamp NO RECORD FOUND here or attach information to back of form and return to the address above.

Signature of Official Sending the Information:	Title:	Date
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Revised Code prohibit any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or *Notice: This request includes records protected by federal confidentiality rules (42 CFR, Part 2). The federal rules and Section 5122.31 and/or Section 3701.243 of the Ohio as otherwise permitted by 42 CFR, Part 2. A general authorization for release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.