

Ohio Governor's Expedited Pardon Project

INTAKE QUESTIONNAIRE

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

This questionnaire is one of four documents that must to be submitted to help us determine if you are eligible for an expedited pardon application and if we will help you complete your full application (you will also need to submit DRC 3033, a background check report and Clemency Hearing Release of Information). Please note, even if you meet the basic criteria as defined on DRC 3033 form, our limited resources necessarily mean we will not be able to help everyone complete a full pardon application. You will be informed as to whether we can include you in our project as soon as possible.

Contact information:

First name: _____ Middle initial: _____ Last name: _____

Date of birth: _____ Social Security Number (SSN): _____

Address: _____ City: _____

State: _____ ZIP Code: _____ County: _____

Email address: _____

Home phone number: _____ Mobile phone number: _____

Alternate Address: _____ City: _____

State: _____ ZIP Code: _____ County: _____

Alternate contact name: _____ Alternate phone number: _____

Demographic information:

What is your gender: Female Male Other

What is your immediate family's approximate annual income?

- \$0 - \$25,000
- \$25,001 - \$50,000
- \$50,001 - \$75,000
- \$75,001 - \$100,000
- \$100,001 or more

Are you Hispanic or Latino? YES NO

Please indicate how you identify yourself (select one or more):

- American Indian or Alaska Native
- Asian or South Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- White

What is your marital status?

- Single
- Married
- Divorced
- Separated
- Widowed

Do you have any children? YES NO If so, what are their ages? _____

What religion, if any, do you identify with? _____

Have you ever been in the military? YES NO If so, what branch: _____

If you were in the military, were you honorably discharged? YES NO N/A

Family information:

Please list all your immediate family members or family members that figure prominently in your life. If you need to list additional members, please attach a separate sheet to the application.

Name	Relationship	Age	Do they live with you?

Conviction information:

In the table below, please list all your convictions. Please note, date of completion refers to the date when you were released from any and all supervision by ODRC (parole, probation, etc.) If you need additional space, please use a separate sheet of paper and attach it to the completed application.

County	Name of Offense	Misdemeanor or Felony?	Sentence	Date Sentence Completed

For any of your convictions listed in the table above, did the court order you to pay costs and/or restitution? YES NO

If so, did you pay the court costs or restitution? YES NO N/A

Employment information:

Please list your employment history for the last 5 years. Please fill out the table in as much detail as possible:

Name of company/employer	Dates of employment	Contact information for employer (address, email or phone number)

If you were not employed, please list specific reasons why you have not been employed:

Community service information:

List the community service (not court ordered) that you have done since your last conviction. It is especially important to know about your recent service.

Name of organization	Dates you volunteered	What did you do?

What other positive things have you done that you would like to include in the pardon application?

Describe why you want a pardon:

List anyone who would be willing to write a letter of support for your pardon application. Please give their name and their relationship to you, if any, and how long you have known them.

Describe how your life has been affected by having a criminal record.

Signature: _____ Date: _____

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INTAKE QUESTIONNAIRE - ADDENDUM

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Please submit this addendum to the intake questionnaire along with your full application.

Contact information:

First name: _____ Middle initial: _____ Last name: _____

How did you hear about the project?

Detailed Conviction History:

As part of the intake questionnaire, you were asked to list all your convictions. In the space provided below, please provide a detailed description of each of your convictions. You should include the name of the offense, the date it occurred, and a thorough explanation of the circumstances for every conviction. If you need additional space, please use a separate sheet of paper and attach it to the completed application.

If you are accepted into the program, you will also be expected to provide the police reports for all convictions on your record. You may submit the police reports with your intake questionnaire.

Signature: _____ Date: _____