



CLEMENCY - SPECIAL

To:
Governor of Washington

Date of report:

Name DOC number Date of birth

Alias(es)

Present address Last known address

Mailing address

Date commutation ordered Addendum date Status Classification

Supervision: _____
Months ordered Start date Termination date

I certify or declare under penalty of perjury of the laws of the state of Washington that the following statements are true and correct to the best of my knowledge and belief based on the information available to me as of the date this report is submitted.

Submitted by:

Approved by:

Title , Date Title , Date

Location/Facility
Address
City, Washington ZipCode
Telephone () -

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Governor
COPY - Individual under the Department's jurisdiction, Field file, Imaging file