STATE OF CONNECTICUT
BOARD OF PARDONS & PAROLES

AFFIDAVIT AND AUTHORIZATION

AFFIDAVIT

STATE OF _____)
Ss: Town of _____ Date: _____
COUNTY OF _____)

The Petitioner _____ being first duly sworn does depose and state as follows:

1. That he/she is over the age of eighteen (18) years and believes in the meaning of an oath.

2. That he/she does represent under the penalties of perjury that he/she has not been convicted of any other crimes in the State of Connecticut or in any other state or federal jurisdiction in addition to those offenses listed on the attached Petition for Pardon dated _____, _____ of which this Affidavit and Authorization forms a part, and, further, that as of the date and time of this Affidavit and Authorization, he/she does not have pending against him/her in the State of Connecticut or in any other state or Federal jurisdiction any criminal actions.

3. That he/she does further represent that he/she shall bring to the attention of the Board of Pardons at the scheduled date of hearing, the existence of any additional criminal matters in which said Petitioner is involved which are pending against him/her either before or at the time of this application and/or which criminal matters have developed between the date of execution of this Affidavit and the date of the Non-Inmate Session at which Petitioner is heard by the Board of Pardons.

4. That he/she does further understand that in the event a pardon is granted to the Petitioner and it is subsequently discovered that the information provided by Petitioner on said Petition together with the representations made in this Affidavit are false, incomplete and/or incorrect, that in addition to any criminal or civil penalties that may be imposed against Petitioner because of such false, incomplete or incorrect representations, the Pardon which may have been granted to Petitioner in reliance upon the truthfulness and correctness of said representations may be revoked by this Board.

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The Petitioner, _____, born in
_____, _____, _____, on _____, _____
(City) (State) (Country) (Month, Day) (Year)
does fully authorize any federal, state, or local agency, court, police department, correction department, etc., to provide to the Connecticut State Board of Pardons and Paroles or its designated agent pertinent information concerning any criminal record that said Petitioner may have according to records of said agency and, in addition, to furnish a copy of said complete criminal record, if requested, to THE CONNECTICUT BOARD OF PARDONS AND PAROLES, c/o Mr. Gregory R. Everett, Chairman, Board of Pardons and Paroles, 55 West Main Street, Suite 520, Waterbury, CT 06702, or its designated agent, successors or assigns as the same may be amended from time to time. Compliance with this request is specifically authorized by me.

This Affidavit and Authorization are dated this _____ day of _____, _____, by the Petitioner who is personally known to me and who has acknowledged the same to be his/her free act and deed before me.

_____
Petitioner's Signature
Rev. 08/18/05/DL

_____ L.S.
Commissioner of Superior Court
Notary Public
My Commission Expires: _____