



OFFICE OF THE ATTORNEY GENERAL
Virgin Islands Department of Justice

APPLICATION FOR PARDON

Complete this application to request a Governor’s pardon for the charge of Simple Possession of Marijuana in violation of Title 19, Section 607(a) of the Virgin Islands Code. The Department of Justice and/or the Office of the Governor may contact you for additional information relating to your application.

APPLICANT INFORMATION

Please Print

Name (Last/First/Middle): _____

Date of Birth: _____ Social Security Number: _____

Home Address: _____

Mailing Address: _____

Home/Cell Phone _____ Work Phone _____ Email: _____

Summary of Conviction(s):

List the conviction(s) for which you are requesting a pardon.		
Criminal Case No.(s):	Date(s) of conviction:	Island of Conviction

ATTACH A COPY THE JUDGMENT/ORDER OF CONVICTION.

APPLICANT DECLARATION

I, _____ declare that I am the person named in this application seeking
Print Applicant Full Name
pardon for the crime of simple possession of marijuana, and that the information herein provided is true and correct to the best of my knowledge.

Applicant Signature

Date

Submit this completed 1-page form to the **Virgin Island Department of Justice, Attn: Simple Possession Marijuana Pardon** or email: pardonspm@doj.vi.gov. Include copies of relevant documents that support your application (e.g., copies of order of judgment, VI Police record, copy of driver’s license or other identification).

DO NOT WRITE BELOW - FOR OFFICIAL USE ONLY				
Specialist Supervisor	Criminal Chief	Deputy AG	Attorney General	Governor
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Initials	Initials	Initials	Initials	Initials