PETITION FOR COMMUTATION

NAME ___________________________________________ IDOC# __________

DATE _______________________________ INSTITUTION WHERE HOUSED ______________

A. Please complete the following:

<table>
<thead>
<tr>
<th></th>
<th>Crime ___________________________________________</th>
<th>Crime ___________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Length of Sentence ________________________________</td>
<td>Length of Sentence ________________________________</td>
</tr>
<tr>
<td>2</td>
<td>Length of Sentence ________________________________</td>
<td>Length of Sentence ________________________________</td>
</tr>
</tbody>
</table>

B. The following must be addressed in your petition or it may be returned.

1) Explain exactly how you are requesting the Commission to commute or change your sentence such as: reduce the length of the sentence, design a limit sentence to indeterminate change a consecutive sentence to concurrent in other

NOTE: A Petition for Commutation my be considered at any time but a usually reviewed at the quarterly sessions of January, April, July, and October without the petitioner being present. If the Commission elects to grant a hearing the Commission will determine the date of the hearing. A petition must be received at the Commission office on or before the first day of a quarterly session. The Petition must be readable; it must be typed, handwritten or printed in ink.

11M following witness signature is to acknowledge only that the petitioner is submitting this petition:

______________________________
Inmate Signature

______________________________
Collector, Social Worker, or other Staff Witness

______________________________
Title Date
(1) Explain exactly how you are requesting the Commission commute or change your sentence.

__________________________________________________________________________

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(2) Explain the reasons why you feel the circumstances warrant a change of sentence in your case.

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