# INMATE RESTORATION/RETURN TO DUTY, CLEMENCY AND PAROLE STATEMENT

**REPORT DATE** *(YYYYMMDD)*

| **1. INMATE NAME** *(Last, First, Middle)* | **2. SSN** | **3. ID NUMBER** |
|---|---|---|
| | | |

**4. CORRECTIONS FACILITY**

**SECTION 1 - RESTORATION/RETURN TO DUTY**

**5.** ☐ I request suspension of the discharge/dismissal adjudged by court-martial in my case, and restoration/return to duty on probation. I understand that any unsatisfactory conduct on my part may violate the probation and vacation of suspension could result in execution of the remainder of the court-martial sentence in addition to further disciplinary action.

**6.** ☐ I do not request to be restored/returned to duty.

**SECTION 2 - CLEMENCY**

**7.** ☐ I hereby waive my right to be considered for clemency.

a. I understand my case will not be reviewed administratively for remission, mitigation, or suspension of the unexecuted parts of my sentence. I further understand that I will not receive consideration for annual clemency until one year after my current clemency board date.

b. I also acknowledge that if my sentence includes an unsuspended punitive discharge or dismissal:

(1) I may be ineligible for many or all benefits as a veteran under both Federal and state laws.

(2) I may expect to encounter substantial prejudice in civilian life.

(3) This waiver will remain part of my permanent military service record.

(4) I may not reenlist without special permission (enlisted members only).

**8.** I hereby request to be considered for clemency in the following form(s):

☐ Reduction in length of sentence

☐ Reduction or remission of forfeitures.

☐ Reduction or remission of fine.

☐ Substitution of administrative discharge for punitive discharge.

☐ Remission of dismissal (officers and cadets only).

☐ Mitigation of a DD to a BCD.

☐ Restoration to pay grade _____

☐ Restoration of precedence (officers only).

**9. MY REASONS FOR REQUESTING CLEMENCY ARE AS FOLLOWS:**

| **10. INMATE SIGNATURE** | **11. WITNESS SIGNATURE** | **12. DATE** *(YYYYMMDD)* |
|---|---|---|
| | | |

**CERTIFICATION TO BE COMPLETED FOR CLEMENCY WAIVER ONLY**

| **CERTIFIED: I certify that the above individual signed this waiver in my presence, and that his right to request clemency and the effect of this waiver have been fully explained to him/her.** | **CERTIFYING OFFICIAL** *(Name, Grade and Title)* | **SIGNATURE OF CERTIFYING OFFICIAL** | **DATE** *(YYYYMMDD)* |
|---|---|---|---|
| | | | |