

_____ Reprieve
_____ Remission of Fines

STATE OF _____)
) ss.
COUNTY OF _____)

I, _____, being first duly sworn, depose and say as
(Print Full Name)
follows:

Pursuant to ORS 144.650, I certify that I have served copies of my clemency application on the:

- (1) Director of the Department of Corrections;
- (2) State Board of Parole;
- (3) District Attorney for the county in which I was convicted; and
- (4) If I am incarcerated, the District Attorney for the county in which I am confined.

I solemnly swear that the statements made in this affidavit and in the application signed by me and attached to this affidavit, are true and correct to the best of my knowledge and belief, and that I will be a law-abiding person in the future and will support and defend the Constitution of the United States and the State of Oregon and the law thereof, so help me God.

(Signature of Applicant)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20__.

Notary Public for _____
My Commission Expires: _____