



*Pride of the Ojibwe*

13394 W Trepania Road . Hayward . Wisconsin . 54843

Phone 715-634-8934 . Fax 715-634-4797

## **PARDON AND FORGIVENESS APPLICATION INFORMATION**

### **ELIGIBILITY REQUIREMENTS**

A Tribal member or non-tribal member may receive a pardon for any criminal conviction (s), or forgiveness for an act(s) that renders the individual ineligible for housing with the Tribe or other Tribal benefit(s); and any individual may receive forgiveness for an act(s) that renders the individual ineligible for Tribal employment, housing, an occupational license, certification or permit issued by the Tribe; a foster care license issued by the Tribe; or other Tribal benefit.

However, there are exceptions. A pardon or forgiveness does not allow a non-tribal member to be eligible for tribal member benefits he/she would not otherwise be eligible to receive. A pardon or forgiveness shall not be construed as permitting the benefits or employment to individuals who are otherwise disqualified under Tribal, State or Federal law. Receipt of a pardon or forgiveness does not affect obligations imposed as part of a sentence or conviction in another jurisdiction.

Individuals are eligible for a pardon upon completion of incarceration, parole, probation and/or deferred prosecution.

An individual shall be eligible for pardon one (1) year after a conviction or affirmed through the conclusion of any appeal process. An individual shall be eligible for forgiveness one (1) year after an act is committed.

### **APPLICATION REQUIREMENTS**

**The following must be submitted with your completed pardon application:**

1. A copy of the applicant's LCO Tribal enrollment card or enrollment verification certificate, if applicable.
2. A copy or copies of any discharge papers from incarceration or jail.
3. Official verification of any successful completion date of probation, parole or deferred prosecution.
4. Any necessary releases for drug testing (if applicable), investigations and/or background checks.
5. Any authorizations from a probation officer to release information.
6. If the crime, termination, eviction, denial of license, certification or permit issued by the Tribe or ineligibility of other Tribal benefit was because of the use or other drug offense, the applicant must test negative for illegal drugs and prescribed medication for which he/she does not have a valid prescription, a personal written statement, including the reason(s) for requesting a pardon and a description and documentation of the applicant's efforts toward self-improvement.

7. Information, regarding the conviction(s) for which the applicant is seeking a pardon, including:
  - a. date(s) upon which the crime(s) occurred;
  - b. location(s) where the crime(s) occurred;
  - c. date of conviction(s); and
  - d. jurisdiction(s) which imposed the sentence(s).
8. Verification of attendance or successful completion of any counseling, therapy, or rehabilitative programs such as AODA treatment, anger management or coping skills classes.
9. Letters of reference or support from people well-regarded in the community. Such letters shall detail the applicant's accomplishments or contributions to the community or attest to the applicant's rehabilitation and trustworthiness. These may include but are not limited to: clergy or other spiritual leaders, employers and/or community members, teachers, organizers of support groups the applicant attends or has attended. Letters shall not be more than one (1) year old.
10. Proof of payment of all penalties and fines.
11. Any other information relevant to the applicant's conviction(s) or rehabilitation efforts.

**The following must be submitted with your completed forgiveness application:**

1. A copy of the applicant's Tribal enrollment card or enrollment verification certificate, if applicable.
2. The applicant's employment record prior to the act, if applicable.
3. The applicant's background records.
4. The results of a drug test, if applicable.
5. The act that triggered the applicant's ineligibility.
6. The impact of the act on the Tribe.
7. The length of time since the act.
8. A written statement from the applicant demonstrating remorse for the violation.
9. Two letters of recommendation, with no more than one recommendation coming from a person who is a family member of the applicant. Letters shall not be more than one (1) year old.
10. Proof of payment of all penalties and fines.
11. Any additional credible and relevant information.

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

Failure of an applicant to provide a complete application or any of the required information and/or materials may result in:

1. The application being returned with a request for more information.
2. The application being removed from consideration.
3. Denial of pardon or forgiveness.

**QUESTIONS**

Please write, e-mail or call the Human Resources Director at:

Lac Courte Oreilles Tribal Government  
ATTN: Human Resources Department  
13394 W Trepania Road, Hayward, WI 54843  
Phone: (715) 634-8934 / HR Fax: (715) 699-1209  
Email: [Doreen.Debrot@lco-nsn.gov](mailto:Doreen.Debrot@lco-nsn.gov)

# Pardon and Forgiveness Eligibility and Application

## SECTION 1: APPLICANT INFORMATION

APPLYING FOR:  PARDON  FORGIVENESS

Applicant Name: \_\_\_\_\_  
FIRST MIDDLE LAST MAIDEN

Street Address: \_\_\_\_\_  
STREET APT CITY STATE ZIP

Mailing Address: \_\_\_\_\_  
(if different than above) STREET/PO BOX CITY STATE ZIP CODE

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you a Lac Courte Oreilles Tribal Member?  Yes  No

If yes, enrollment number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State Held: \_\_\_\_\_

Have you held a license in another state?  Yes  No

If yes, which state: \_\_\_\_\_

Was your license ever held or revoked?  Yes  No

If yes, why? \_\_\_\_\_

## SECTION 2: OTHER NAMES Please list any aliases or previously used names, attach additional pages, if needed.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

## SECTION 3: PREVIOUS ADDRESSES Please list address (es) for the past ten years (most recent first), attach additional pages, if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4: CONVICTIONS,** Please list all convictions for which a pardon or forgiveness is being sought, attach additional pages, if needed.

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**SECTION 5: BRIEF STATEMENT** Briefly state why you are seeking a pardon or forgiveness.

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**SECTION 6: APPLICANT SIGNATURE, ACKNOWLEDGEMENT AND RELEASE**

1. I, the undersigned, under penalty or perjury, depose and say that all information and documentation, provided on and included with this application is true and correct to the best of my knowledge. I understand that any misrepresentation, omission or false information provided on the application shall result in a denial or may later result in a rescission of a pardon or forgiveness.
2. I understand the duties and responsibilities of myself as the applicant and of the Lac Courte Oreilles Pardon and Forgiveness Committee, Lac Courte Oreilles Tribal Governing Board, and the Human Resources Director in the granting or denial of pardons and forgiveness pursuant to Title III, Chapter 6 of the Lac Courte Oreilles Tribal Code of Law.
3. In addition, my signature below authorizes the Pardon and Forgiveness Screening Committee and the Human Resources Director to complete a background check related to this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Certificate of Notary Public**

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_,  
State of \_\_\_\_\_, County of \_\_\_\_\_  
Notary Signature: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

**LCO Human Resources Director (or designee) use only:**

I have received the application from \_\_\_\_\_, and it appears the application is complete and will be forwarded to the Pardon and Forgiveness Committee.

Date of Application Completion: \_\_\_\_\_

Signature and date: \_\_\_\_\_