



## STATE BOARD OF PARDONS AND PAROLES

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### APPLICATION FOR PARDON / RESTORATION OF RIGHTS FOR THOSE CURRENTLY ON GEORGIA'S SEX OFFENDER REGISTRY

I am applying for (check the appropriate line):

- Restoration of Civil and Political Rights (for eligibility requirements, see Page 13, Section 1)  
 Pardon (for eligibility requirements, see Page 14, Section 2)  
 Restoration of Right to Receive, Possess or Transport in Commerce a Firearm (for eligibility requirements, see Page 15, Section 3)  
 Waiver of Waiting Period (for eligibility requirements, see Page 15, Section 4)

#### Additional Information:

- \*The State Board of Pardons and Paroles (SBPP) cannot pardon federal offenses or offenses that occurred in other states. A pardon may only be granted for a *state of Georgia* conviction.
- \* The SBPP will not restore firearm rights to a person dishonorably discharged from the Armed Forces.
- \*The SBPP cannot expunge (remove from your record) any charges or convictions you have received nor can the SBPP seal your records.
- \*The SBPP will process your application for *Pardon* if you have Dead Docket cases on your criminal record. However, the SBPP does not have the authority to pardon Dead Docket cases. You will need to seek a disposition on such case(s) through the court which originally brought the charge(s). If you are subsequently convicted on the charge(s), you will need to apply for another Pardon through the SBPP once you meet the eligibility requirements.
- \*The SBPP will not process your application for *Firearm Rights Restoration* if you have Dead Docket cases on your criminal record. You will need to first seek a disposition on such case(s) through the court which originally brought the charge(s).
- \*If you have Time Expired Restriction cases on your Georgia criminal history (misdemeanor or felony), you will need to obtain dispositions on each before the SBPP can consider your case. Please visit <http://gcicweb.gbi.state.ga.us/content/disposition-recovery-project-overview> for explanation.

**PLEASE PRINT:**

\_\_\_\_\_  
Name (as it appears on court documents) Social Security Number

\_\_\_\_\_  
Other names you are known by

\_\_\_\_\_  
Sex (Male or Female) Race Date of Birth Current County of Residence

\_\_\_\_\_  
Street Address City/State Zip Code

\_\_\_\_\_  
Home Telephone Number Cell Phone Number Daytime Phone Number

\_\_\_\_\_  
Email Address Inmate # (if applicable)

\_\_\_\_\_  
SID# (if known) FBI# (if known) ICE# (if known - begins with A)

Are you a U.S. citizen? ( ) YES ( ) NO

If not, what is your current citizenship status? \_\_\_\_\_

What was your citizenship status at the time of the offense(s)? \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

Marital status: Never married: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_ Separated: \_\_\_\_\_  
*For each marriage, state the following: (If you need more space, you may attach additional sheets.)*

Name of spouse: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Date/place of divorce: \_\_\_\_\_

Name of spouse: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Date/place of divorce: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION (cont'd.)**

If you have minor children, but do not have custody of one or more of them, indicate whether and to whom you pay child support, whether your payments are current, and, if not, the reason for your failure to pay and any agreements you have made to satisfy your payment obligation.

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Are there any children under the age of 18 living in your home? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
*If yes, list names and ages. (If you need more space, you may attach additional sheets.)*

Name \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Provide the full physical address (not post office box) of each place you have lived in the past 10 years, beginning with the present and working backwards, along with the dates you lived at each location. List the physical locations. Do not use a post office box as an address. *(If you need more space, you may attach additional sheets.)*

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**EDUCATION**

Last Grade Completed: \_\_\_\_\_

High School Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College and/or Technical School Attendance:

Name of institution: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

**EDUCATION (cont.)**

Name of Institution: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

**MILITARY SERVICE**

Have you ever served in the armed forces of the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

*If yes, you are required to attach a copy of your DD-214 or some other official document to prove military service.*

Date(s) of service: \_\_\_\_\_ Branch(s): \_\_\_\_\_

Service Number: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Decorations (if any): \_\_\_\_\_

If you were other than Honorably Discharged, describe in detail the factual circumstances surrounding your discharge. Attach a copy of your DD-214. *If you need more space, you may attach additional sheets.*

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

**EMPLOYMENT**

List all periods of employment and unemployment since the conviction or release from incarceration, beginning with the present and working backwards. **(You may attach a current pay stub or W-2 form to verify your present employment. Please attach proof of disability if receiving disability/SSI)** *If you need more space, you may attach additional sheets.*

Name of Current/Last Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

**EMPLOYMENT (cont'd.)**

Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for leaving (*if applicable*):

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Name of Previous Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for leaving (*if applicable*):

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Name of Previous Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for leaving (*if applicable*):

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Since your incarceration, have you been fired or left a job following allegations of misconduct or unsatisfactory job performance? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please provide an explanation of the circumstances. *If you need more space, you may attach additional sheets.*

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**SUBSTANCE ABUSE AND MENTAL HEALTH HISTORY**

Have you used any illegal drugs or abused prescription drugs or alcohol since the completion of the last sentence for which you seek pardon? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, identify the drug(s) used, the dates of drug or alcohol abuse, and the frequency of such use. *(If you need more space, you may attach additional sheets.)*

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Have you ever been involved in the illegal manufacture, sale, or distribution of drugs other than the offense(s) for which you seek pardon? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, provide complete details of your involvement. *(If you need more space, you may attach additional sheets.)*

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Have you ever sought or participated in counseling, treatment, or a rehabilitation program for drug use or alcohol use? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, identify the date(s) of treatment or counseling and the name of the treatment provider. *(If you need more space, you may attach additional sheets.)*

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Have you ever consulted with a mental health professional (psychiatrist, psychologist, or counselor), or with another health care provider, concerning a mental health related condition? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, identify the date(s) of treatment or counseling and the name of the treatment provider. *(If you need more space, you may attach additional sheets.)*

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**CIVIL AND FINANCIAL INFORMATION**

Are you currently in default or delinquent in any way in the payment or discharge of any debt or financial obligation imposed upon you (other than child support obligations as indicated on Page 3)? Yes: \_\_\_\_ No: \_\_\_\_

If yes, state the amount of the debt, the name of the creditor, the reason for the failure to pay, and the terms of any agreement(s) you have made to satisfy the obligation. *(If you need more space, you may attach additional sheets.)*

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Have you ever been a party in a civil lawsuit? Yes: \_\_\_\_ No: \_\_\_\_

If yes, identify the court in which it was filed, the case number, the nature of the dispute and the final disposition. *(If you need more space, you may attach additional sheets.)*

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Do you have any pending judicial or administrative proceedings with the federal, state or local government? Yes: \_\_\_\_ No: \_\_\_\_

If yes, state the name of the authority involved, the jurisdiction in which the proceeding is pending, the case number, the nature of the proceeding, and the current status of the matter. *(If you need more space, you may attach additional sheets.)*

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**CHARITABLE AND COMMUNITY ACTIVITIES**

Describe any charitable or civic activities in which you have been engaged, or other contributions you have made to the community, since your conviction. In this regard, you may include the names of any organizations in which you have participated, the time periods of your participation, and your role in these activities. *(If you need more space, you may attach additional sheets.)*

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**JUSTIFICATION FOR PARDON CONSIDERATION**

Please explain your reasons for applying for a Pardon, Restoration of Firearm Rights and/or Restoration of Civil and Political Rights. Include a summary of how your life and situation or circumstances have changed since your last arrest. Also include the reasons you feel you are a good candidate for Pardon, Restoration of Firearm Rights and/or Restoration of Civil and Political Rights, as well as the circumstances which you feel support such a restoration. If you are applying for a waiver of the applicable waiting period (as described on Page 15), please explain IN DETAIL how your conviction is delaying qualification for employment in your chosen profession. (*If you need more space, you may attach additional sheets.*)

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**CERTIFICATION AND PERSONAL OATH**

On penalty of false swearing, I declare hereby that every statement by me is true and correct. I affirm I have not omitted any requested information. I fully understand any order issued by the Board in reliance on false, inaccurate, or incomplete information will be null and void and of no effect at all. I have not concealed any convictions or unpaid fines. I understand the Board's decision may not be appealed.

Respectfully submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(day) (month) (year)

\_\_\_\_\_  
(Signature of applicant)

Sworn to and subscribed before me  
upon this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:



## STATE BOARD OF PARDONS AND PAROLES

### **Waiver to Release Information for Applicants Being Considered for Pardon and or Restoration of Civil and Political Rights and or Restoration of Firearm Rights**

I \_\_\_\_\_, for the purpose of a background investigation being conducted by the Georgia State Board of Pardons and Paroles (SBPP), authorize the release of my employment, military, tax, and credit records to SBPP. I further authorize the release to the SBPP of any criminal history record information, including juvenile court records, pertaining to me which may be in the files of any jurisdiction, whether federal, state, or local criminal justice agency in Georgia.

*(A photocopy of this authorization shall be considered as effective and valid as the original.)*

Full Name of Applicant (Printed): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number (Last 4 Digits): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Applicant or Authorized Representative)\**

*\*If the authorization was signed by the Applicant's personal representative, proof of authority must be provided to include a description of the personal representative's authority to act on behalf of the Applicant in regard to healthcare.*

Printed Name of Authorized Representative: \_\_\_\_\_

Sworn to and subscribed before me  
upon this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:



**STATE BOARD OF PARDONS AND PAROLES**  
**Authorization to Release Medical Records/Information**

Pursuant to Paragraph II, Article IV, of the Georgia Constitution, the State Board of Pardons and Paroles (“Board”) has authority to restore the right to possess a firearm which is lost upon conviction of a crime. To help determine whether firearm rights should be restored, the Board conducts a thorough investigation of the applicant’s substance abuse and mental health histories. The applicant does not have to sign this authorization form in order to obtain health care benefits (treatment, payment, or enrollment), however, the Board will not consider an application for restoration of firearm rights if this form is not completed and signed. All Information received shall be classified as confidential state secrets under O.C.G.A. § 42-9-53 and not subject to disclosure unless declassified by the Board or otherwise permitted by law. If such information is subsequently disclosed it may no longer be protected under privacy laws.

So that the Board can conduct such an investigation, I, \_\_\_\_\_, authorize and request the release of any and all alcohol and/or drug abuse treatment records and mental health records from any substance abuse treatment facilities, substance abuse counselors, medical facilities, hospitals, private physicians, mental health facilities, and mental health practitioners to the Board. This authorization will remain valid until the Board has made a decision on the application for restoration of firearm rights or is revoked by the applicant in writing. The applicant has the right to revoke this authorization at any time using the process specified in the Privacy Notice provided by the facility from which the applicant’s information is being released. If such authorization is revoked prior to the Board’s decision on the application, processing will cease and the application will not be considered. *(A photocopy of this authorization shall be considered as effective and valid as the original.)*

Full Name of Applicant (Printed): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number (Last 4 Digits): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Applicant or Authorized Representative)\**

*\*If the authorization was signed by the Applicant’s personal representative, proof of authority must be provided to include a description of the personal representative’s authority to act on behalf of the Applicant in regard to healthcare.*

Printed Name of Authorized Representative: \_\_\_\_\_

Sworn to and subscribed before me  
upon this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

## **APPLICATION INFORMATION AND INSTRUCTIONS**

- All applicants are required to submit a criminal history obtained within 30 days of submission of completed Pardon application. Most Sheriff's Offices offer this service for a fee. Those applicants residing out of state can contact their local FBI office for a national criminal check.
- To obtain disposition documents, contact the Clerk of Court in the county of conviction.
- If you have Time Expired Restriction cases on your Georgia criminal history (misdemeanor or felony), you will need to obtain dispositions on each before the SBPP can consider your case. Please visit <http://gcicweb.gbi.state.ga.us/content/disposition-recovery-project-overview> for explanation.
- All applications must be submitted with a self-addressed, stamp, 9½" x 4" envelope - no oversized envelopes.

### **Section 1: Restoration of Civil and Political Rights**

This restores a person's civil rights which are lost in Georgia at the time of conviction. These include the right to run for and hold public office, to serve on a jury, and to serve as a Notary Public. The right to vote is automatically restored upon completion of your sentence(s); therefore, you do not need to submit an application.

- Applicants for civil and political rights will be considered only if the applicant has completed his/her full sentence obligation, including serving any probated sentence and paying any fine, and has been free of supervision (custodial or non-custodial) and/or criminal involvement for at least **two consecutive years thereafter as well as two consecutive years immediately prior to applying.**

### **Section 2: Pardon (State of Georgia convictions only):**

This is an order of official forgiveness and is granted to those individuals who have maintained a good reputation in their community following the completion of their sentence(s). A pardon is an official statement attached to the criminal record noting that the state of Georgia has pardoned the crime. It does not expunge, remove or erase the crime from your record. It may serve as a means for an applicant to advance in employment or education.

- A pardon will also restore your civil and political rights.
- Applicants for pardon and/or restoration of firearm rights will be considered only if the applicant has completed his/her full sentence obligation, including serving any probated sentence and paying any fine, and has been free of supervision (custodial or non-custodial) and/or criminal involvement for at least **five consecutive years thereafter as well as five consecutive years immediately prior to applying, unless the applicant is a registered sex offender, in which instance he/she must have completed his/her full sentence obligation and been free of supervision and/or criminal involvement for at least 10 consecutive years thereafter as well as 10 consecutive years immediately prior to applying.**
- You cannot have any pending charges.
- All fines must be paid in full.
- A personal face-to-face interview will be required with a SBPP staff member at a location determined by SBPP staff. Photo identification must be provided at the time of the interview. This also includes applicants who reside out of state who will be required to meet with an investigator within the confines of the state of Georgia.

## **APPLICATION INFORMATION AND INSTRUCTIONS (cont.)**

### **Section 3: Restoration of Right to Receive, Possess or Transport in Commerce a Firearm**

- Applicants for restoration of firearm rights will be considered only if the applicant has completed his/her full sentence obligation, including serving any probated sentence and paying any fine, and has been free of supervision (custodial or non-custodial) and/or criminal involvement for at least **five consecutive years thereafter as well as five consecutive years prior to applying, unless the applicant is a registered sex offender, in which instance the applicant must have completed his/her full sentence obligation and been free of supervision and/or criminal involvement for at least 10 consecutive years thereafter as well as 10 consecutive years immediately prior to applying.**
- A Restoration of Firearm Rights for Georgia offenses will be issued in conjunction with a Pardon; for out of state offenses, such restoration will be issued in conjunction with a Restoration of Civil and Political Rights.
- You must submit three (3) letters of reference from citizens (non-family members) of unquestionable integrity. The letters should indicate how long the reference has known you, in what capacity, and why the reference feels you are deserving of a Restoration of Firearm Rights. All three (3) letters of reference must contain the reference's address and phone number, as an investigator may contact the reference to validate authenticity. All letters should be dated, signed by the reference, and notarized.
- A personal face-to-face interview will be required with a SBPP staff member at a location determined by SBPP staff. Photo identification must be provided at the time of the interview. This also includes applicants who reside out of state who will be required to meet with an investigator within the confines of the state of Georgia.

### **Section 4: Waiver of Waiting Periods**

Individuals may request a waiver of the two (2), five (5), or 10-year eligibility requirement if the waiting period is shown to delay qualification for employment in one's chosen profession. In addition to the completed Pardon application:

- You must submit three (3) letters of reference from citizens (non-family members) of unquestionable integrity. The letters should indicate how long the reference has known you, in what capacity, and why the reference feels you are deserving of a waiver of the applicable waiting period. All three (3) letters of reference must contain the reference's address and phone number, as an investigator may contact the reference to validate authenticity. All letters should be dated, signed by the reference, and notarized.
- You must provide documentation from your employer or potential employer which substantiates the need for the Exception for Pardon.

## **Glossary of Terms**

**Restoration of Civil and Political Rights** – This is an order restoring a person’s civil rights which are lost in Georgia upon conviction. These rights include: the right to run for and hold public office, the right to serve on a jury, and the right to serve as a Notary Public. The right to vote is automatically restored upon completion of your sentence(s) therefore you need not submit an application.

**Pardon** – This is an order of official forgiveness and is granted to those individuals who have maintained a good reputation in their community following the completion of their sentence(s). A Pardon is an official statement attached to the criminal record which affirms that the state of Georgia has pardoned the crime. It does not expunge, remove or erase the crime from your record. It may serve as a means for a petitioner to advance in employment or education.

## **Frequently Asked Questions**

**What is the difference between a restoration of rights and a pardon?** Restoration of civil and political rights, if granted, will fully restore citizenship. It removes all civil disabilities and disqualifications imposed as a result of a conviction. These rights include the right to run for and hold public office, to serve on a jury, and to serve as a Notary Public. A pardon is an act of official forgiveness and is granted only in exceptional cases. It may serve as a means for the petitioner to advance in employment or education. A pardon does not expunge (remove) an offense from your record.

**Do I need an attorney to apply?** No, you do not need an attorney to apply for a Pardon or Restoration of Civil and Political Rights.

**Is there a fee to apply?** No, there is no application fee.

**How long does it take for my application to be processed?** The entire process can be lengthy since all information you provide must be verified. On average, processing an application takes approximately *six to nine months* and may take longer based on the Board’s workload.

**What will happen if I cannot obtain my criminal history or dispositions for my convictions?** Your application will not be processed without the Georgia criminal history and certified sentence document for any disposition not showing on your record.

**When am I eligible to apply for a Pardon?** You must have completed all sentence obligations, including any probation, and been free of supervision (custodial or non-custodial) and/or criminal involvement for at least five (5) consecutive years thereafter as well as five (5) consecutive years immediately prior to applying, unless you are a registered sex offender, in which you must have completed all sentence obligations and been free of supervision and/or criminal involvement for at least 10 consecutive years thereafter as well as 10 consecutive years immediately prior to applying. You can have no pending charges against you. All fines must be paid in full. HOWEVER, if you are seeking a Pardon for a sex offense which has required you to be listed on Georgia’s Sex Offender Registry, there are additional requirements and you must apply using the Sex Offender Pardon application found on the SBPP’s website.

### **Frequently Asked Questions (cont.)**

**Can I apply for restoration of firearm rights if I have Dead Docket case(s) on my criminal history?** No. You need to have all Dead Docket cases disposed of prior to applying for restoration of firearm rights. THIS DOES NOT APPLY IF YOU ARE SEEKING RESTORATION OF CIVIL AND POLITICAL RIGHTS AND/OR PARDON ONLY.

**Will my conviction still show on my record?** Yes, however, a Pardon or Restoration of Civil and Political Rights will become part of your criminal history record.

**How do I get a Record Expungement?** This is not a function/duty of the Parole Board. To research details regarding a Record Expungement, go to OCGA Section 35-3-37 for Georgia law requirements.

**If I receive a Pardon, and then I am asked by an employer or future employer whether I have been convicted of a crime, do I answer “no” since I received a Pardon?** You must answer “yes” to your employer or future employer. Explain that you have received a Pardon and provide a copy of your Pardon paperwork.

**What is a Restoration of Civil and Political Rights?** A Restoration of Civil and Political Rights is an order restoring the right to run for and hold public office, to sit on a jury, and to serve as a Notary Public. Restoration of Civil and Political Rights does not automatically include the right to possess, own or carry a firearm; it must be specifically granted by the Board.

**When am I eligible to apply for Restoration of Civil and Political Rights?** You must have completed all sentence obligations, including probation and payment of all fines, and been free of supervision (custodial or non-custodial) and/or criminal involvement for at least two (2) consecutive years thereafter as well as two (2) consecutive years immediately prior to applying.

**Is a Restoration of Civil and Political Rights a separate process from a Restoration of Firearm Rights?** Yes, these are different processes. If you would like to have your firearm rights restored, you must check the line on the application for “Restoration of Right to Receive, Possess or Transport in Commerce a Firearm” and meet the applicable requirements. A personal interview will be required for firearm restorations.

**Can I bow hunt even if I do not receive a Pardon or Restoration of Civil and Political Rights?** Yes, you may bow hunt without a Pardon or Restoration of Civil and Political Rights.

**Is a muzzle loader considered a firearm?** Yes, a muzzleloader is considered a firearm.

**Do I have to apply with the Parole Board to restore my right to vote?** No, your right to vote is automatically restored upon termination of your sentence(s). However, you must re-register with your local registrar’s office in the county of your residence. To find your local registrar’s office, visit this site: <https://sos.ga.gov/how-to-guide/how-guide-registering-vote>

**Do I need to apply with the Parole Board to restore my right to sit on a jury?** Yes, you must apply for a Restoration of Civil and Political Rights in order to sit on a jury.

**Do I need to apply with the Parole Board to restore my right to run for public office?** Yes, you must



**Frequently Asked Questions (cont.)**

apply for a Restoration of Civil and Political Rights to run for public office, in addition to meeting any other legal requirements under state and/or federal law.

**Do I need to apply with the Parole Board to restore my right to apply for a Notary Public?** Yes, you must apply for a Restoration of Civil and Political Rights to apply to be a Notary Public.