

Pardon Investigation Request

Applicant Name John Paul Miller

Date received 10/18/2021

Investigation County Code 26

<input type="checkbox"/>	Active Parole
<input checked="" type="checkbox"/>	Attorney Representation
<input type="checkbox"/>	Employment Verification
<input type="checkbox"/>	Letter from Applicant
<input type="checkbox"/>	Rap Sheet/Background Check
<input type="checkbox"/>	Previous Hearing(s) (dates provided)
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>

South Carolina Department of Probation, Parole and Pardon Services
 (NOTE: All information provided on application will be verified.)

PARDON APPLICATION

Present Name John Paul Miller		Name Indicted Under (if different from Present Name) or Alias	
Social Security Number (XXX-XX-XXXX) [REDACTED]		Date of Birth (MM-DD- YEAR) [REDACTED]	Gender (check) Male <input checked="" type="checkbox"/> or Female
Email Address [REDACTED]		Reason for Requesting a Pardon	
Phone Number [REDACTED]		I am seeking a pardon to restore my civil liberties in the community that I serve daily. As a husband, father, and pastor, the right and ability to protect my wife and children as well as my congregation is imperative.	
County of Residence [REDACTED]	Driver's License Number and Issuing State (optional) [REDACTED]		
Mailing Address (if different from Street Address), City, State, and Zip Code			
Street Address* [REDACTED]			
City [REDACTED]	State [REDACTED] Zip Code [REDACTED]		

ADDRESSES FOR THE PAST FIVE YEARS* (Please list previous address(es) if you have resided less than 5 years at the address above)

STREET	CITY	STATE	ZIP CODE

LIST ALL EMPLOYMENT FOR THE PAST FIVE YEARS (IF RETIRED, STUDENT, OR UNEMPLOYED, GIVE BEGINNING/ENDING DATES)
 Do not leave unexplained gaps. (NOTE: If you do not wish employer to be notified, you must provide documentation of employment)

Company Name: Solid Rock Ministries	Begin date & End date: 2006-present	Phone number: [REDACTED]
Address [REDACTED]	City [REDACTED]	State [REDACTED] Zip code [REDACTED]
Company Name:	Begin date & End date:	Phone number:
Address	City	State Zip code
Company Name:	Begin date & End date:	Phone number:
Address	City	State Zip code
Company Name:	Begin date & End date:	Phone number:
Address	City	State Zip code
Company Name:	Begin date & End date:	Phone number:
Address	City	State Zip code

LIST ALL SOUTH CAROLINA CONVICTIONS

THE BOARD WILL ONLY CONSIDER DOCUMENTED CRIMINAL CONVICTIONS AS LISTED ON THE APPLICATION

CONVICTION	DATE	COUNTY OF CONVICTION
Assault and Battery of a High and Agg. Nature	06-14-1999	Horry
DUS (non dui) 2nd	03-16-1998	Florence

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PARDON APPLICATION

PENDING CHARGES, FEDERAL CONVICTIONS AND/OR OUT OF STATE CONVICTIONS

Please mark "YES" or "NO" for the following questions. (Note that pending charges, federal and out of state convictions are not considered for pardon.)

Pending charges? YES or NO ✓	Federal Convictions? YES or NO ✓	Out of State Convictions? YES or NO ✓
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SUPPORT LETTERS List the names and contact information of three people not related by blood or marriage who have written letters supporting you receiving a pardon. Attach a signed, recently dated statement of support from each person. **Application will be returned if letters are not included.**

Name: Jason H. Potter	Phone number: [REDACTED]
Address: [REDACTED]	City: [REDACTED]
State: [REDACTED]	Zip code: [REDACTED]
Name: Linda Phillips	Phone number: [REDACTED]
Address: [REDACTED]	City: [REDACTED]
State: [REDACTED]	Zip code: [REDACTED]
Name: Tricia Ross	Phone Number: [REDACTED]
Address: [REDACTED]	City: [REDACTED]
State: [REDACTED]	Zip code: [REDACTED]

PARDON ELIGIBILITY: PLEASE CHECK ALL BOXES THAT APPLY

<input checked="" type="checkbox"/>	I have been discharged from probation supervision and any or all restitution has been paid in full.
<input type="checkbox"/>	I have been discharged from my sentence without having been on probation or parole and any or all restitution has been paid in full.
<input type="checkbox"/>	I am a parolee and have successfully completed five (5) years under supervision and any or all restitution has been paid in full.
<input type="checkbox"/>	I have been discharged after successfully completing my maximum parole period and any or all restitution has been paid in full.
<input type="checkbox"/>	I am an inmate not presently eligible for parole and can produce evidence comprising the most extraordinary circumstances.
<input type="checkbox"/>	I was previously considered for pardon and rejected on _____ (date of previous hearing)
<input checked="" type="checkbox"/>	I have paid all restitution owed in full. (NOTE: Outstanding restitution will result in the request for a pardon to be denied.)

GENERAL RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize any agent or other authorized representative of the South Carolina Department of Probation, Parole and Pardon Services bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my grievance records, employment, military, credit, medical or educational records including, but not limited to, academic, job performance, achievement, attendance, athletic, personal history, and disciplinary records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information will be used in connection with my pardon investigation by the bearer and will be disseminated to those individuals or agencies directly involved in this pardon determination or to fulfill other obligations imposed by law, regulation or executive order. I hereby release you, as the custodian of such records, and any school, college, university or other educational institution, hospital, or other repository of medical records, credit bureau, consumer reporting agency, personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, my family or associates because of compliance with this authorization and request to release information, or any attempt to comply with this release. A photocopy of this release shall be treated as an original. Should there be any question as to the validity of this release, you may contact me as indicated below.

I certify that all the contents of the above application are true and correct. I understand that all information provided on the pardon application will be verified. I further understand that if any of it is of a sensitive nature which might lead to the damaging of my current status (such as contacting neighbors, employers, etc.) that I will take the appropriate steps to minimize this risk.

NOTE: If you are applying on behalf of someone, indicate your authority to file this application below next to your printed full name.

Full Name (Signature) <i>[Signature]</i>	Date 10/13/2021
Full Name (Printed) John Paul Miller	
NOTARY Sworn to me this 13 th day of October, 2021	Full Name of Notary (Signature) <i>[Signature]</i>
My commission expires: 8/24/2027	Full Name of Notary (Printed) Patricia Guskki
Mail completed application, application fee and 3 letters of support to: SCDPPPS, P.O. Box 207, Columbia, SC 29202	



NOTE: FALSIFICATION OF ANY DOCUMENTATION WILL RESULT IN YOUR PARDON REQUEST TO BE ADMINISTRATIVELY DENIED.