



STATE OF ARKANSAS
OFFICE OF THE GOVERNOR

Mike Huckabee
GOVERNOR

EXECUTIVE CLEMENCY APPLICATION

Please use blue or black ink when completing the application.

Note: By submitting this application you consent to the release of the information contained therein and waive any privacy protections or other privileges to the furthest extent allowable by state and federal law.

Name: Keith Richards Date of Birth: 12-18-43
Address: 90 Jane Rose - Raindrop Race/Sex: W/M
58 Broadway, Suite 1101
City: New York, NY 10012 ADC or DCC #: NA
(If applicable)
State: NY Zip: 10012 Social Security #: NA
Telephone (home): NA (work): 212-431-2600

Person preparing the application (if other than yourself):

Name: Governor Mike Huckabee - Chief Counsel Milton Fine
Address: State Capital, Suite 250
City: Little Rock State: AR Zip: 72201
Telephone (home): _____ (work): 501-682-2345

Is the person preparing the application an attorney? Yes _____ No _____ Arkansas Bar # _____

I AM APPLYING FOR:

- COMMUTATION (time cut) (Please continue on Page 5)
- PARDON (Please continue on Page 6)
- FIREARM RESTORATION ONLY (Please continue on Page 6)

PID # NA
App # - _____
Time _____
Date in EOmis _____

My reason(s) for applying for a commutation of my sentence (time cut):

Place an X next to the appropriate space below:

1. _____ I wish to correct an injustice which may have occurred during the trial. I have attached letters or other documentation that will support this claim. If you wish to attach an explanation or statement to this application, it will be considered as a part of the application. Discuss results of appeals or Rule 37 or other post-conviction proceedings in an attached statement.
2. _____ I have a life-threatening medical condition which does not qualify for Act 290. I have attached a statement explaining my condition. Your medical statement will be validated by ADC or DCC Medical Services before being sent to the Parole Board. You must provide a medical information release in order for us to view your medical records.
3. _____ I want to adjust what may be considered an excessive sentence.
4. X _____ My institutional adjustment has been exemplary and the ends of justice have been achieved.

NOTE:

- A. All supporting documentation must be available when the Board considers your application.
- B. The Board will ordinarily not consider your application if your case is currently being appealed or if a Rule 37 petition or other petition of post-conviction relief is pending.
- C. If your application is based on your belief that your sentence is excessive or that your institutional adjustment has been exemplary and the ends of justice have been achieved, the application will ordinarily be denied if you have not served the portion of your sentence indicated by the following table:

Life Sentence	20 years
Over 30 years	7 years
25 - 30 years	6 years
22 - 24 years	5 years
19 - 21 years	4 years
16 - 18 years	3 years
11 - 15 years	2 years
Below 11 years	1 year

If you believe that this table should not apply in your case, you should petition the Parole Board, in writing, for a waiver of these rules.

GENERAL INFORMATION:

1. Give the full name under which you were convicted and any alias names you have used:

Keith Richards

2. List all crime(s) for which you have been convicted, the county of conviction, date of conviction, docket number, and sentence that you wish to be considered for executive clemency. (Sentence may include fines, probation*, suspended sentence or time incarcerated in the Arkansas Department of Correction or the Department of Community Correction.).

Crime(s)	County	Conviction Date	Docket #	Sentence
<u>Reckless driving</u>	<u>Dallas</u>	<u>7-5-75</u>	<u>Misdemeanor</u>	<u>traffic ticket A-1583</u>

NOTE: Please attach a separate sheet if necessary to include all offenses.

* Please include a copy of any orders of probation or suspended sentence you may have received.

3. Are you currently:
- | | |
|--|-----------------------|
| <input type="checkbox"/> serving a sentence in the ADC or DCC? | Discharge date: _____ |
| <input type="checkbox"/> on parole? | Discharge date: _____ |
| <input type="checkbox"/> on probation? <u>N/A</u> | Discharge date: _____ |
| <input type="checkbox"/> serving a suspended sentence? | Discharge date: _____ |
| <input type="checkbox"/> discharged from your sentence? | Discharge date: _____ |

4. Do you want to have your rights to possess a gun restored? Yes N/A

5. Were other persons also involved in the crime? Yes ___ No X
If yes, list the names of your accomplices and what, if any, sentences they received.

6. Concerning the facts of the crime, briefly explain what happened.

Traffic stop - Fordyce City police for reckless driving -
swerved while adjusting radio

7. What is your reason for requesting executive clemency at this time?

clear record in Arkansas

CRIMINAL HISTORY:

List all other crimes; juvenile, misdemeanor, DWI, traffic violations, etc, or crimes committed outside the state of Arkansas, you were found guilty of but are not requesting clemency for. Do not include convictions listed in response to question 2 above.

Crime(s)	County/State	Conviction Date	Docket #	Sentence
N/A				

ARE YOU A SEX OFFENDER THAT IS CURRENTLY REQUIRED TO REGISTER BY LAW?

Yes ___ No (If your answer is yes, you must submit your most recent risk assessment with this application. This can be obtained from your sheriff's office.)

Crime(s) PERSONAL BACKGROUND:

1. Are you:

Single ___ Married ___ Separated ___ Divorced ___ Widowed ___

If married, what is your spouse's full name? _____

When and where were you married? _____

2. For any previous marriages, list the following information:

Name of Spouse Date of Marriage Date Marriage Ended Reason (divorce, death, etc.)

3. How many children do you have? _____. List the following information:

Name Age Address

4. Have you ever served in the Armed Forces? Yes ___ No

If so, which branch? _____

What type of discharge did you receive? Honorable ___ Dishonorable ___ Medical ___ Other ___

EDUCATIONAL BACKGROUND:

List the following information about all schools you have attended, including any vocational-technical training:

Name & Address of School	Date of Attendance	Highest Grade Completed/Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT BACKGROUND:

1. Please provide the following information about your current job:

Name of employer: Self employed - Guitarist, Rolling Stones

Employer's address: _____

When were you hired: _____

Give a brief description of your job responsibilities: N/A

2. If you are currently unemployed, but on disability, please list how you became disabled (work-related injury etc.)

N/A

3. For previous jobs you have held, list the following information:

Name & Address of Employer	Type of work	Dates employed	Reason for Leaving
<u>N/A</u>			
_____	_____	_____	_____
_____	_____	_____	_____

MISCELLANEOUS INFORMATION:

1. How is your health? Excellent Good ___ Fair ___ Poor ___
2. Have you ever been confined to a mental hospital? Yes ___ No
If yes, list the following information:

Name & Address of Institution Date committed Date released

3. Do you use any type of drugs, including prescription drugs? Yes ___ No ___
If yes, list the type of drugs and the reason for their use:

_____ NA _____

Would you willingly submit to a drug test at your expense? Yes ___ No

4. Do you use alcohol? Yes ___ No
If yes, how often: Periodically ___ Regularly ___ Socially ___ Heavily ___

5. Have you ever received treatment for alcohol or drug problems (example: Alcoholics Anonymous)? Yes ___ No ___?
If yes, please provide a brief explanation: _____
-
-

6. Do you currently owe any fines or restitution for the crimes you were convicted?
Yes ___ No

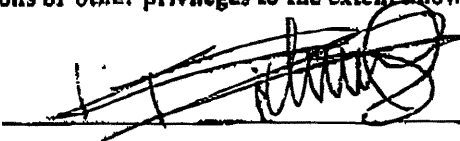
If you have paid your fines or restitution, please include a copy of your receipt showing that they have been paid in full.

REFERENCES:

List three (3) people not related to you who have not been convicted of any felonies who have known you for at least five (5) years:

Name	Address/City/State/Zip	Phone

By signing and submitting this application, I hereby swear or affirm that the information provided is true and accurate to the best of my knowledge and hereby waive any state or federal privacy protections or other privileges to the extent allowable by law:



Applicant's Signature

orig will be dated

Date of application

Subscribed and sworn to me this 12th day of June 2006


Notary Public

My commission expires:

February 6, 2007

DIANE SWEENEY
NOTARY PUBLIC, STATE OF NEW YORK
No. 015W5038903
Qualified in Queens County
Commission Expires Feb. 6, 2007