



Kim Reynolds
GOVERNOR

OFFICE OF THE GOVERNOR

Adam Gregg
LT. GOVERNOR

**Application for Restoration of Voting Rights
(and the Right to Hold Public Office)**

1. CONTACT INFORMATION

Name: _____ Date of Birth: _____

Social Security Number: _____ Are you a U.S. Citizen? Yes No

Address: _____

Street City State Zip Code

Email Address: _____ Phone: _____

2. CRIMINAL FELONY CONVICTIONS

Most Recent Felony Conviction: _____

When was your conviction? _____

Where was your conviction? Iowa (County: _____) Federal Court
 Another State (State and County): _____

Did you receive a deferred judgment? Yes No

When did you complete your sentence, including any probation or parole? _____

Have you paid all fines, costs, and restitution ordered? Yes No
If not, have you entered into a payment plan? Yes No

Are you still on probation or parole for any other felony convictions? Yes No
If yes, please explain on the back of this application or a separate sheet of paper.

3. AFFIRMATION AND RELEASE

I swear or affirm that, to the best of my knowledge, my application is complete and true.

I authorize the Governor's Office to obtain any records pertaining to me on file with any state agency or the Iowa Judicial Branch. I agree that this information may be used by the Governor in making a decision regarding my application for restoration of citizenship rights.

Signature: _____ Date: _____

Mail or deliver to: Office of the Governor, Iowa State Capitol, Des Moines, Iowa 50319.