

**Request for Documentation of Restoration of Civil Rights**

Name: \_\_\_\_\_ NDOC #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Date Released from Incarceration (if known): \_\_\_\_\_

Current Mailing Address:

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

Current Telephone No: (\_\_\_\_\_) \_\_\_\_\_

Please provide me documentation of the restoration of my civil rights. I believe I am eligible for restoration of my civil rights because:

\_\_\_\_\_ I discharged my sentence before July 1, 2003.

\_\_\_\_\_ I have not been convicted of a Category A felony in Nevada or another state.

\_\_\_\_\_ I have not been convicted of a Category B felony with Substantial Bodily Harm in Nevada or another state.

\_\_\_\_\_ I do not have two or more felony convictions in Nevada or another state.