



WYOMING DEPARTMENT OF CORRECTIONS	WDOC Form #344	Page 1 of 2
	Application for Restoration Of Wyoming Voting Rights	Last Revised: 01/01/16

APPLICATION FOR RESTORATION OF WYOMING VOTING RIGHTS

NOTE: Pursuant to W.S. §7-13-105, the Wyoming Department of Corrections may only restore Wyoming voting rights to individuals meeting the following criteria:

- 1) This application only needs to be submitted if the applicant's sentence was completed prior to January 1, 2016, and/or if the applicant's conviction was under federal law, and/or the applicant's conviction was out of the state of Wyoming.
- 2) The applicant has not been convicted of any other felony other than convictions arising out of the same occurrence or related course of events. Same occurrence or related course of events means the same transaction or occurrence or series of events closely related in time or location.
- 3) The felony(s) must NOT have been VIOLENT as defined by W.S. §6-1-104(a)(xii)*
- 4) At least five (5) years has passed since the expiration of all of the terms of sentence, or in the case of probation, the completion of all probation.
- 5) The applicant's signature indicates the requirements of WS 7-13-105 and its subsections have been met.

* *VIOLENT CRIMES include murder, manslaughter, kidnapping, sexual assault in the first or second degree, robbery, aggravated assault, aircraft hijacking, arson in the first or second degree, aggravated burglary, sexual abuse of a minor in the first or second degree if an actor sixteen (16) years or older committed sexual intrusion on a victim less than thirteen (13) years of age.*

Name :	
DOB:	
Social Security #:	
Name Convicted Under:	
Applicant's Address:	
Phone Number:	
Crime convicted of:	
States resided in since expiration of above conviction:	
List other felony convictions, if any:	



WYOMING DEPARTMENT OF CORRECTIONS	WDOC Form #344	Page 2 of 2
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- A COPY of the JUDGMENT AND SENTENCE MUST BE ATTACHED TO THIS APPLICATION. A copy may be obtained from the Clerk of the Court where you were convicted.
- A document showing the date of EXPIRATION OF SENTENCE or COMPLETION OF PROBATION or PAROLE MUST BE ATTACHED TO THIS APPLICATION.

Submission of this signed application authorizes the Wyoming Department of Corrections to perform a criminal history check. Please send the completed application to the Wyoming Department of Corrections, Attn: Dawn Sides, 1934 Wyott Drive, Suite 100, Cheyenne, WY 82002.

I hereby certify, under penalty of false swearing (a felony under W.S. §1-2-104), the above information to be true and that I have not been convicted of any other felony not listed above, and that the above felony is not a violent crime as defined herein.

Date: _____ Signed: _____
Applicant

Approved by the Wyoming Board of Parole