

**WAIVER FOR REQUEST OF CLEMENCY**

1. Name Clemmie Leon Johnson Jr  
(first,middle,Last)

2. Date of Birth 11-22-66

3.S.S.# 398 78-1804  
(Social Security Number)

4. Type of Executive Clemency Requested...  
 PARDON [ ] REPRIEVE [ ] COMMUTATION []

5. Have you applied for an eligibilty rule waiver before?  
 YES [ ] NO []; If Yes when(you may not request a waiver unless 26 months has passed since your last request)

6. Reason why waiver is requested...  
 You were recently convicted...  
 You are currentluy incarcerated .  
 It has been less than 8 years since you completed your sentence.

7. Mailing Address(Residence) P.O. Box 1000 City Roscoe, WI Zip 53805  
 (All correspondence will be sent here:Notify the Board of any changes of address).

8. Home address;if different

9. Telephone Number 414-737-2376 Mrs. Ola Johnson (sister)

10.Crimes for which you will recieve Executive Clemency,if waiver is granted.

<u>Crime</u>	<u>Date of Conviction</u>	<u>Sentence and Sentence length</u>	<u>Date of Completion of payrole or Probation.</u>
A. <u>Armed Robbery w/IOF</u>		<u>15yrs CS</u>	<u>MAR. 6-2020</u>
B. <u>Armed Robbery w/T.O.F</u>		<u>15yrs CS</u>	<u>Discharge 6-18-2020</u>
C.			

11.Describe(do not list)the crime(s) identified in question 10. Explain the circumstance surronding the crime(s),and why you committed the crime(s). Attach additional sheets of paper if necessary. *I'm a cancer survivor who became addicted to pain Rx (opiod). When Rx would run out I would use street drugs or buy pain Rx from other ppl. I eventually fell behind on rent, bills etc. I'd lost job and benefits and became desperate to feed family and self. It gave me no right to commit the crimes I did. I absolutely feel terrible for the trauma that I've caused the victim/survivors of my actions. After learning the*

11. Continued.... *ripple effects*. I've decided that I must / will do best if ever given the opportunity to return to society. I ask that you seriously consider my request for release.

12. Explain the extraordinary circumstances that you believe warrant a waiver of the Governors eligibility rules. *Impossible to practice social distancing in prison. Several prison staff tested positive for covid-19. Staff continue to work w/face mask though had contact w/infected co-worker (not observing 14 day self-quarantine). I'm 54 yrs. old, several medications and cpap machine daily. Parole eligible (PMR 6-2020) w/minimum prog. need.*

I Certify, that the information in the application is true to the best of my knowledge.

Applicants Signature *[Signature]* Date 4-2-2020

Family and friends can get involved by contacting Governor Tony Evers by;

MAIL : Gov. Tony Evers  
P.O. Box 7863  
Madison, WI. 53707

E-Mail at: [info@tonyevers.com](mailto:info@tonyevers.com)

By telephone. 608-266-1212

Also by contacting Legislature

or

sending your ; letters to:

Ben Turk  
FFUP  
20631 Wild Rose Drive  
Blue River, WI. 53518