



**JOHN BEL EDWARDS**  
GOVERNOR

**State of Louisiana**  
**LOUISIANA REAL ESTATE COMMISSION**

## Felony Review Hearing Request

- Please provide a front and back copy of your valid government issued photo ID with this request.
- All information shall be typed or printed in ink. Additional sheets of paper may be added if necessary.
- Each question herein shall be answered truthfully and in its entirety. You will be notified, in writing, if your application is returned unfiled to you as incomplete or as otherwise determined to be noncompliant.

**Full Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
*Last First M.I.*

**Address:** \_\_\_\_\_  
*Street Address Apt./Unit #*

\_\_\_\_\_ *City State Zip Code*

**Phone:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

1. Complete a background check (conducted by the Louisiana State Police). Please find directions for completing the background check at [www.lrec.gov/fingerprint-criminal-history-review](http://www.lrec.gov/fingerprint-criminal-history-review).
2. Provide a detailed personal statement, including but not limited to your criminal history, felony convictions, and the status of any charges currently pending against you.

**3. Out of State Real Estate License:**

Issuing State: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Status:      Active      Inactive      Expired      Other: \_\_\_\_\_

Action Taken on License (if applicable):      Revoked      Surrendered      Suspended

   Terminated      Other \_\_\_\_\_

**4. Other Occupational/Professional License**

Issuing State: \_\_\_\_\_ Type of License: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Status:      Active      Inactive      Expired      Other: \_\_\_\_\_

Action Taken on License (if applicable):      Revoked      Surrendered      Suspended

   Terminated      Other \_\_\_\_\_

**5. Criminal History Records Information** (Include all felonies even if you have disclosed the offense(s) on another LREC form or application).

Case Number: \_\_\_\_\_

Date Crime Committed: \_\_\_\_\_ Date Sentenced: \_\_\_\_\_

Initial Charge: \_\_\_\_\_

Final Charge: \_\_\_\_\_

Title of Court: \_\_\_\_\_ Parish of Court: \_\_\_\_\_

Plea: Guilty Not Guilty Nolo Contendre Other: \_\_\_\_\_

Disposition (check all that apply): Adjudicated Guilty Adjudicated Not Guilty  
Probation Expired Shock Probation Incarceration: \_\_\_\_\_ term  
Deferred Adjudication Deferred Prosecution Restitution Ordered  
Community Service Ordered

Case Number: \_\_\_\_\_

Date Crime Committed: \_\_\_\_\_ Date Sentenced: \_\_\_\_\_

Initial Charge: \_\_\_\_\_

Final Charge: \_\_\_\_\_

Title of Court: \_\_\_\_\_ Parish of Court: \_\_\_\_\_

Plea: Guilty Not Guilty Nolo Contendre Other: \_\_\_\_\_

Disposition (check all that apply): Adjudicated Guilty Adjudicated Not Guilty  
Probation Expired Shock Probation Incarceration: \_\_\_\_\_ term  
Deferred Adjudication Deferred Prosecution Restitution Ordered  
Community Service Ordered

Case Number: \_\_\_\_\_

Date Crime Committed: \_\_\_\_\_ Date Sentenced: \_\_\_\_\_

Initial Charge: \_\_\_\_\_

Final Charge: \_\_\_\_\_

Title of Court: \_\_\_\_\_ Parish of Court: \_\_\_\_\_

Plea: Guilty Not Guilty Nolo Contendre Other: \_\_\_\_\_

Disposition (check all that apply): Adjudicated Guilty Adjudicated Not Guilty  
Probation Expired Shock Probation Incarceration: \_\_\_\_\_ term  
Deferred Adjudication Deferred Prosecution Restitution Ordered  
Community Service Ordered

6. **Provide a copy of all court minutes detailing the offense, the conviction, any related order, and the penalties imposed.**
7. **Provide a letter from your probation or parole office either verifying your probation or parole has been terminated or verifying the date upon which your probation or parole ends.**

Regarding community supervision, parole, or probation:

Have you been released from any of the above:                      Yes      No

Have you ever violated the terms of any of the above:      Yes      No      Release Date: \_\_\_\_\_

Have you had your parole, community supervision, or probation revoked:              Yes      No

Date of Revocation: \_\_\_\_\_

Explanation of circumstances leading to revocation and changes made to your sentence, if any:

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8. **Have you been arrested or otherwise involved in any other criminal activity, which may result in a felony charge(s), since completion of sentencing for your most recent conviction? If yes, please provide details.**

The following questions are optional; however, they are frequently asked during a *Felony Review Hearing*.

**9. Employment History:** Provide employment history for the five years prior to the filing date of this form. (Optional)

From (MM/YYYY)	To (MM/YYYY)	Employer	City, State	Position/Duties

**10. One Professional Reference** (Optional)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**11. If applicable, attach a letter of recommendation from a broker willing to sponsor you in the event you become licensed.** (Optional)

**INFORMED CONSENT AND ACKNOWLEDGEMENT**

I certify I have personally prepared this form, and all of the information and documentation included herein is true, correct, and complete to the best of my understanding. I hereby acknowledge and agree I will furnish any other additional information or documentation required by the Commission in verification of this application. Further, I hereby authorize and consent an investigation conducted by the Commission into the matters addressed herein, and I understand any information discovered in the investigation, which I have failed or refused to include herein, may be presented at my hearing and may result in denial of my application regardless of whether any other requirements for licensure have been met.

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Typed or Printed Name*