

# APPLICATION FOR EXPUNGEMENT

Please **PRINT** all information and sign your name.

Current legal name: \_\_\_\_\_

Name as it appears on warrant/ticket: \_\_\_\_\_

(Name may include maiden name, alias, nickname)

Race \_\_\_\_\_ Sex \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Case # (s) / Case Description(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

An application does not guarantee that I may have a charge removed from my criminal records. I understand that the only charges that may be expunged in the magistrate court are charges that have been adjudicated as dismissed, nolle prossed, or not guilty.

I understand that if I qualify, that I will be mailed a certified copy of the Order to maintain for my own records. **I understand that once it is executed (completed by the Court) that no further information will be available to me through the Court. I have verified the above information and it is correct.**

Date: \_\_\_\_\_ Defendant Signature: \_\_\_\_\_

Officer / Prosecutor / Affiant Name:

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

The prosecuting agency or appropriate law enforcement agency may object, in writing to this Expungement within 30 days of notification.

**Office use only:** Mailed to Officer Yes or No (circle one)

Court date and time: \_\_\_\_\_ SID \_\_\_\_\_

Presiding Judge: \_\_\_\_\_ Disposition: \_\_\_\_\_

Attorney of Record: \_\_\_\_\_ Solicitor: \_\_\_\_\_

5/31/2011