

# Application for Expungement of Criminal Record

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## Basics

First Name

Last Name

Alias/Maiden/Previous Name

Street Address

City

State

Zip Code

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## Contact

Work Phone

Cell Phone

Email

Preferred Method of Contact?

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Work Phone

☐

Cell Phone

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Email

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## Offense

Description

If description does not fit on text field provided, continue on appendix.

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## Certification

I certify that the offense described above meets the following criteria:

- The offense didn't result in death or serious bodily injury nor was the offense committed with the intent to cause death or serious bodily injury.
- The offense isn't a sex offense, a sex offense involving a child, or sexually violent offense.
- The offense occurred more than 2 years ago.

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Signature

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Full Name

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Date