

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

Case No: \_\_\_\_\_

State of Oregon

Plaintiff

VS

**MOTION TO SET ASIDE  
AND SEAL  
RECORDS OF ARREST**

\_\_\_\_\_  
Defendant

The above named defendant, appearing self-represented requests the court for an order setting aside and sealing official records of arrest pursuant to ORS 137.225.

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

Date of Birth: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_

Arrest Charges: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_

Current Address  
of Defendant: \_\_\_\_\_

Telephone: \_\_\_\_\_

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***Declaration***

1. I am the defendant in the above matter. I submit this motion and declaration to set aside and seal records of arrest.
2. A copy of the motion and declaration to set aside records of arrest was served on the District Attorney of the county where the convictions occurred.
3. The information pertaining to this matter as set out in the motion is true to the best of my knowledge and belief (Check the appropriate selections below);
  - a. \_\_\_\_ An accusatory instrument was filed against me and has been dismissed; (or)
  - b. \_\_\_\_ An accusatory instrument was filed against me, but I was acquitted of all charges; (or)
  - c. \_\_\_\_ An accusatory instrument was not filed against me.
4. I do not have any criminal charges pending against me at this time in this or any other state, city or federal court.

**I hereby declare that the above statements are true and complete to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.**

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Defendant's Name (typed or printed)

\_\_\_\_\_  
Date

***Certification of service on District Attorney***

On \_\_\_\_\_ I mailed delivered a copy of this motion and attachments to the District Attorney for:

- ☐ Umatilla County, 216 SE 4th Street, Pendleton OR 97801, 541-278-6270  
☐ Umatilla County, 915 SE Columbia Drive, Hermiston OR 97801, 541-667-3081  
☒ Morrow County, 100 Court Street, PO Box 664, Heppner OR 97836, 541-676-5626

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Defendant's Name (typed or printed)

\_\_\_\_\_  
Date

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***Certificate of Document Preparation***

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Check all that apply:

- ☐ I chose this form for myself and completed it without paid help  
☐ A legal help organization helped me choose or complete this form, but I did not pay money to anyone  
☐ I paid (or will pay) \_\_\_\_\_ for help choosing, completing, or reviewing this form

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Defendant's Name (typed or printed)

\_\_\_\_\_  
Date

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

Case No: \_\_\_\_\_

**State of Oregon**

Plaintiff

vs

**ORDER TO SET ASIDE  
AND SEAL  
RECORDS OF ARREST**

Defendant

The above named defendant, appearing self-represented requests the court for an order setting aside and sealing official records in this case, including the records of arrest.

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Arresting Agency:** \_\_\_\_\_

**Date of Arrest:** \_\_\_\_\_

**Arrest Charges:** \_\_\_\_\_

The Court, being fully advised, makes the following findings of fact.

1. A copy of the motion to set aside and declaration was served on the District Attorney.
2. The District Attorney has filed with the court a notice of no objection to the set aside of records of arrest in this matter.
3. Positive identification of the defendant has been established by the Department of the State Police Bureau of Identification, and further identified as to state bureau number or submitting agency number.
4. The circumstances and behavior of the defendant from the date of arrest warrant setting aside the records of arrest.

The court orders that the arrest be set aside.

- The clerk of the court is directed to seal all files and records relating to said proceeding, including the record of arrest resulting in the criminal proceeding.
- The clerk of the court is directed to send a certified copy of this order to all appropriate criminal justice agencies.

**Certificate of Document Preparation.** Check all that apply:

- ☐ I chose this form for myself and completed it without paid help  
☐ A legal help organization helped me choose or complete this form, but I did not pay money to anyone  
☐ I paid (or will pay) \_\_\_\_\_ for help choosing, completing, or reviewing this form

Defendant's Signature

Defendant's Name (typed or printed)

Date