

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ <b>COUNTY</b>	<b>ADDITIONAL CANNABIS CONVICTIONS</b>	<i>For Court Use Only</i>																		
<b>Instructions ▼</b> Directly above, enter the name of the county where you will file the <i>Motion</i> .  Enter your name, birth date, race, and gender. List any other names you used when convicted on the cases listed on this form.  If the Circuit Clerk gave you a new case number, enter it to the right.	Request of:  _____ <b>Your name</b> ( <i>First, middle, last name</i> )  _____ <b>Other names used in these cases</b>  <div style="display: flex; justify-content: space-between;"> <span>_____ <b>Date of birth</b></span> <span>_____ <b>Race</b></span> <span>_____ <b>Gender</b></span> </div>	          _____ <b>Case Number</b> ( <i>if the Circuit Clerk assigns a new number</i> )																		
Enter the number for all eligible cannabis convictions on your criminal record in this county.	<b>Case numbers of additional eligible cannabis convictions on your record in this county:</b>  <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; width: 33%;"></td><td style="border-bottom: 1px solid black; width: 33%;"></td><td style="border-bottom: 1px solid black; width: 33%;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> </table>																			

See *How to Vacate and Expunge Eligible Cannabis Convictions* to make sure all of your cases are convictions that are eligible to vacate and expunge. For help filling out this table, see page 4 in *How to Vacate and Expunge Eligible Cannabis Convictions*.

**DO NOT list any dismissed cases, satisfactorily completed supervisions or satisfactorily completed qualified probations in this section. DO NOT list any cases where you received convictions for non-Cannabis charges.**

In 4, enter all eligible convictions on your record in this county. Enter all convictions for each case number.

4. ☐ I ask the court to **VACATE AND DISMISS** the following misdemeanor or Class 4 felony convictions under Section 4 or 5 of the Cannabis Control Act from the records of the Arresting Agency, the Circuit Clerk, and the Illinois State Police. I was arrested, or charged without being arrested, on the dates and for the offenses listed below:

Case Number	Arresting Agency	Cannabis Conviction <small>(check the type of Cannabis conviction)</small>	Date of Arrest
		Misdemeanor <input type="checkbox"/>	
		Class 4 Felony <input type="checkbox"/>	
		Misdemeanor <input type="checkbox"/>	
		Class 4 Felony <input type="checkbox"/>	
		Misdemeanor <input type="checkbox"/>	
		Class 4 Felony <input type="checkbox"/>	
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		<b>Misdemeanor</b>	<input type="checkbox"/>	
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		<b>Class 4 Felony</b>	<input type="checkbox"/>	
		<b>Misdemeanor</b>	<input type="checkbox"/>	
		<b>Class 4 Felony</b>	<input type="checkbox"/>	

Under Illinois [Supreme Court Rule 137](#), your signature means that you have read the document, that to the best of your belief, it is true and correct and that you are not filing it for an improper purpose, such as to cause delay.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

Enter your complete address, telephone number, and email address, if you have one.

Prepared by: \_\_\_\_\_  
Name

\_\_\_\_\_  
/s/  
Your Signature

\_\_\_\_\_  
Print Your Name

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Telephone

\_\_\_\_\_  
Attorney # (if any)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Email

**GETTING COURT DOCUMENTS BY EMAIL:** You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information, notice of court dates, or documents from other parties.