${ATTORNEY\_HEADER} ${ATTORNEY\_FOR}

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

COMMONWEALTH OF PENNSYLVANIA : COURT OF COMMON PLEAS

: CRIMINAL TRIAL DIVISION

vs. : ${COUNTY} COUNTY

|  |  |  |
| --- | --- | --- |
|  | : | ${CP} |

${FIRST\_NAME} ${LAST\_NAME} : OTN# ${OTN}

${STREET} : DC# ${DC}

${CITY}, ${STATE} ${ZIP} :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ORDER**

AND NOW, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_, after consideration of the Petition for Limited Access Pursuant to Pa.R.Crim.P. 791 presented by ${REAL\_FIRST\_NAME} ${REAL\_LAST\_NAME}, it is ORDERED that the Petition/Motion is \_\_\_\_\_\_\_\_\_\_\_\_\_.

The defendant's criminal history record information that is subject to limited access shall not be disseminated to an individual, a noncriminal justice agency or an internet website and that dissemination of the defendant's criminal history be limited only to criminal justice agency or government agency as provided in 18 Pa.C.S. § 9122.1. The Pennsylvania State Police shall request the Federal Bureau of Investigation to limit dissemination of all records pertaining to said conviction(s) in accordance with 18 Pa.C.S. § 9122.1(a).

This case qualifies for a limited access order and none of the exceptions under 18 Pa.C.S. § 9122.1(b) are applicable

BY THE COURT:

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

J.

Pursuant to Pa.R.Crim.P. 791, the following information is provided:

1. **Petitioner Name:** ${REAL\_FIRST\_NAME} ${REAL\_LAST\_NAME}
2. **Alias(es):** ${ALIASES}
3. **Petitioner’s Address:**

${STREET}

${CITY}, ${STATE} ${ZIP}

1. **Petitioner’s Date of Birth:** ${DOB}
2. **Petitioner’s Social Security Number:** ${SSN}
3. **Name and address of the judge who accepted the guilty plea or heard the case:**

${JUDGE}

${COURT\_INFORMATION}

1. **Name and mailing address of the affiant as shown on the complaint, if available:**

${AFFIANT}, ${ARRESTING\_AGENCY}, ${AGENCY\_ADDRESS}

1. **Docket Number:**

|  |
| --- |
| ${CP} |

1. **Offense Tracking Number (OTN):** ${OTN}
2. **The date on the complaint, or the date of arrest, and if available, the criminal justice agency that made the arrest:** ${ARREST\_COMPLAINT\_DATE}; Arresting Agency: ${ARRESTING\_AGENCY}
3. **The specific charges, as they appear on the charging document, to be subject to limited access and applicable dispositions:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Code Section** | **Statute Description** | **Grade** | **Disp Date** | **Disposition** |
| ${CODE\_SEC} | ${CHARGE} | ${GRADE} | ${DISP\_DATE} | ${DISP} |

1. **If the sentence includes a fine, costs, or restitution, whether the amount due has been paid:**

The petitioner’s sentence includes fines, costs and/or restitution in the amount of ${TOTAL\_FINES} and ${FINES\_PAID} has been paid off/adjusted.

1. **The reason for limited access:**

As a result of these convictions, Petitioner has been caused to suffer embarrassment and irreparable harm and loss of job opportunities. This case qualifies for a limited access order. None of the exceptions under 18 Pa.C.S. 9122.1(b) are applicable, and no restitution is owed.

1. **The criminal justice agencies upon which certified copies of the order shall be served:**

|  |
| --- |
| ${AGENCY\_NAME} |

${ATTORNEY\_HEADER} ${ATTORNEY\_FOR}

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

COMMONWEALTH OF PENNSYLVANIA : COURT OF COMMON PLEAS

: CRIMINAL TRIAL DIVISION

vs. : ${COUNTY} COUNTY

|  |  |  |
| --- | --- | --- |
|  | : | ${CP} |

${FIRST\_NAME} ${LAST\_NAME} : OTN# ${OTN}

${STREET} : DC# ${DC}

${CITY}, ${STATE} ${ZIP} : DOB: ${DOB}

: SSN: ${SSN}

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

**Petition for Limited Access Pursuant to Pa.R.Crim.P. 791**

AND NOW, the petitioner, ${FILING\_ATTORNEY}, avers the following and requests that this petition for limited access pursuant to Pa.R.Crim.P. 791 be granted for the reasons set forth below.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PETITIONER INFORMATION** | | | | | | | | |
| **Full Name:** ${REAL\_FIRST\_NAME} ${REAL\_LAST\_NAME} | | **DOB:** ${DOB} | | | | **Social Security Number:** ${SSN} | | |
| **Address:**  ${STREET}  ${CITY}, ${STATE} ${ZIP} | | **Alias(es):** ${ALIASES} | | | | | | |
| **CASE INFORMATION** | | | | | | | | |
| **Judge**:${JUDGE}  ${MDJ\_DISTRICT\_NUMBER} | | | | **Address:** ${COURT\_INFORMATION} | | | | |
| **Docket Number(s):**   |  | | --- | | ${CP} | | | | | **Offense Tracking Number (OTN):** ${OTN} | | | | |
| **Name of Arresting Agency:**  ${ARRESTING\_AGENCY} | | | | **Date of Arrest:**  ${ARREST\_DATE} | | | | **Date on Complaint:**  ${COMPLAINT\_DATE} |
| **Name of Affiant:**  ${AFFIANT} | | | | **Address:**  ${ARRESTING\_AGENCY}, ${AGENCY\_ADDRESS} | | | | |
| **The charges to be subject to limited access are:** | | | | | | | | |
| **Code Section** | **Statute Description** | | **Grade** | | **Disp Date** | | **Disposition** | |
| ${CODE\_SEC} | ${CHARGE} | | ${GRADE} | | ${DISP\_DATE} | | ${DISP} | |
| The petitioner’s sentence includes fines, costs and/or restitution in the amount of ${TOTAL\_FINES} and ${FINES\_PAID} has been paid off/adjusted. | | | | | | | | |
| **List the reason(s) for limited access (please attach additional sheet(s) of paper if necessary):**  As a result of these convictions, Petitioner has been caused to suffer embarrassment and irreparable harm and loss of job opportunities. This case qualifies for a limited access order and none of the exceptions under 18 Pa.C.S. 9122.1(b) are applicable. | | | | | | | | |
| **${INCLUDE\_CHR}** | | | | | | | | |

The facts set forth in this petition are true and correct to the best of my personal knowledge or information and belief, and are made subject to the penalties of unsworn falsification to authorities under 18 Pa.C.S § 4904.

${IFP\_MESSAGE}

/s/${ATTORNEY\_ELEC\_SIG}\_\_

${ATTORNEY\_SIGNATURE}

${COUNSELOR\_FOR\_PETITIONER}

DATED: ${PETITION\_DATE}