

INSTRUCTIONS FOR FILING A MOTION TO EXPUNGE OR SEAL RECORD

1. Fill in the required fields in the Motion to Expunge or Seal Record – Defendant name, case number, bureau of criminal identification number, count(s), charge(s), and the disposition(s) of the case. Also, fill in the name of the police department that charged the case.
2. The Clerk’s Office will fill in the hearing date for the motion. The date will be at least ten (10) days from the date the motion is filed. The Office of the Attorney General and the Police Department are entitled under the law to receive ten (10) days’ notice.
3. Sign the motion.
4. In the Affidavit in Support of the Motion to Expunge or Seal Record, put a check mark in the boxes for each statement that is true.
Part 1 – If you were acquitted (found not guilty) or the case was dismissed.
Part 2 – If you were convicted or placed on probation.
Part 3 – If your case was placed on file for a period of one (1) year or a period of three (3) years if the charge(s) was domestic related.
5. Sign the Affidavit in Support of the Motion to Expunge or Seal Record on the line marked “Signature of the Defendant” in the presence of a notary public or clerk.
6. Bring the Order for Expungement or Sealing of Record to the hearing.
7. If your motion is granted the following conditions must be satisfied to complete the expungement process. All financial obligations owed (fines, fees, costs, restitution, and assessments) must be paid in full. Also, you will be required to pay a \$100.00 fee if the case resulted in a conviction. Upon all conditions being satisfied, the Clerk’s Office will prepare three (3) certified copies of the order. One copy is for your records, one (1) copy is for the Office of the Attorney General’s Bureau of Criminal Identification Unit (BCI), and one (1) copy is for the Police Department that charged the case. It is your responsibility to deliver the copies to these agencies.

**DISTRICT COURT****MOTION TO EXPUNGE OR SEAL RECORD**

State of Rhode Island v. Defendant	Case Number
	Bureau of Criminal Identification Number
<input type="checkbox"/> Murray Judicial Complex 2nd Division 45 Washington Square Newport, Rhode Island 02840-2913	<input type="checkbox"/> Noel Judicial Complex 3rd Division 222 Quaker Lane Warwick, Rhode Island 02886-0107
<input type="checkbox"/> McGrath Judicial Complex 4th Division 4800 Tower Hill Road Wakefield, Rhode Island 02879-2239	<input type="checkbox"/> Garrahy Judicial Complex 6th Division One Dorrance Plaza Providence, Rhode Island 02903-2719

Now comes the Defendant and requests that the above-referenced case containing the following charge(s) be **expunged** **sealed**.

1. Count(s): <hr/> <hr/> <hr/>	2. Charge(s): <hr/> <hr/> <hr/>	3. Disposition(s): <hr/> <hr/> <hr/>
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Wherefore, the Defendant respectfully moves this honorable court that:

- Pursuant to G.L. 1956 § 12-1-12, any fingerprints, photographs, physical measurements, or other record of identification taken by the Office of the Attorney General or any other authorized law enforcement agency shall be **destroyed**, all records of the Bureau of Criminal Identification (BCI) shall be **sealed**, and all court records shall be **sealed** in accordance with G.L. 1956 § 12-1-12.1.
- All records and records of conviction relating to the conviction of the above-referenced case be **expunged** and all index and other references to it removed from public inspection pursuant to G.L. 1956 § 12-1.3-3(c).

An Affidavit is submitted in support of this motion. This motion is called for a hearing on _____ at 9:00 a.m. in courtroom _____ at the court location listed above.

I hereby certify that pursuant to G.L. 1956 § 12-1.3-3(a), on _____, the Office of the Attorney General and the _____ Police Department, which originally brought this charge, have been notified of this motion and court date at least ten (10) days prior to the hearing date.

/s/ _____ Attorney for the Defendant or the Defendant	Rhode Island Bar Number: Date:
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DISTRICT COURT

AFFIDAVIT IN SUPPORT OF MOTION TO
EXPUNGE OR SEAL RECORD

State of Rhode Island	Case Number
v. Defendant	Bureau of Criminal Identification Number

I, the undersigned, do hereby, under oath, make this affidavit in support of my Motion to Expunge or Seal Record:

- | | |
|---|---|
| <i>Part One:</i> | <input type="checkbox"/> That I was charged with the crime(s) listed in Box 2 of the motion. |
| <i>Acquittals,</i> | <input type="checkbox"/> That I was acquitted or otherwise exonerated of this offense. |
| <i>Dismissals</i> | <input type="checkbox"/> That the case was dismissed against me. |
| <i>Part Two:</i> | <input type="checkbox"/> That I have not been previously convicted of a felony. |
| <i>Convictions, Probations</i> | <input type="checkbox"/> That I was charged with the crime(s) listed in Box 2 of the motion.
<input type="checkbox"/> That I received the disposition(s) listed in Box 3 of the motion.
<input type="checkbox"/> That, in the past five (5) years, I have not been convicted of or arrested for any other misdemeanor or felony.
<input type="checkbox"/> That there are no criminal proceedings pending against me, and I have exhibited good moral character.
<input type="checkbox"/> That before this charge I was not convicted of or placed on probation for a felony or misdemeanor. |
| <i>Part Three:</i> | <input type="checkbox"/> That I was charged with the crime(s) listed in Box 2 of the motion.
<input type="checkbox"/> That the case was disposed of by a filing.
<input type="checkbox"/> That I was not previously convicted of a felony or a private complaint.
<input type="checkbox"/> That I did not violate the terms of my filing. |
| <input type="checkbox"/> That I have paid in full all financial obligations due and owing (fines, fees, costs, restitution, and assessments). | |

Signature of the Defendant	Date
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State of _____
County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ personally known to the notary or proved to the notary through satisfactory evidence of identification, which was _____, to be the person who signed above in my presence, and who swore or affirmed to the notary that the contents of the document are truthful to the best of his or her knowledge.

Notary Public: _____
My commission expires: _____
Notary identification number: _____