

Expungement Clinic Intake Form

Name: _____ Date of Birth: _____

Aliases or any other names you have used: _____

Social Security Number: _____ Phone Number: _____

Address: _____

Email address: _____

Household income amount (indicate per month or year): _____

Household income source(s) (e.g. SSI, employment, benefits): _____

Number of people in household: _____

1. How did you hear about today's clinic? _____

2. Do you have any reason to believe that your immigration status might be impacted by your criminal record or petitioning for expungement?

(Circle one) **YES** or **NO**

If yes, please speak with a clinic staff person immediately for a referral to an immigration attorney.

3. About how long ago was your most recent conviction? _____

4. About how many convictions do you have? _____

5. Do you have any felony charges or convictions? (Circle one) **YES** or **NO**

6. Do you think that your family has been impacted by your criminal record? If so, how?

7. Would you be interested in working with Vermont Legal Aid on legislative advocacy about criminal record expungement? (Circle one)

YES

MAYBE

NO

8. What problems have resulted from you having a criminal record? How do you think an expungement will help you?

9. **COMPLETE WITH YOUR ATTORNEY:** List your criminal records including both the records being expunged today, and those that are ineligible for expungement. **Be sure to indicate which records are being expunged, and which are ineligible.**

Criminal Record	Eligible for Expungement?

If not all your records will fit on this page, please indicate and continue on the back of page 3.

10. Use the following chart to determine if you qualify for a fee waiver:

2018 Poverty Guidelines			
Persons in Household	48 Contiguous States and D. C.		
	100%	150%	250%
1	\$12,140	\$18,210	\$30,350
2	\$16,460	\$24,690	\$41,150
3	\$20,780	\$31,170	\$51,950
4	\$25,100	\$37,650	\$62,750
5	\$29,420	\$44,130	\$73,550
6	\$33,740	\$50,610	\$84,350
7	\$38,060	\$57,090	\$95,150
8	\$42,380	\$63,570	\$105,950
Add \$4,320 for each person over 8			

- a. If your income is UNDER 150% [Light Gray], please fill out the separate court fee waiver (IFP) form.
- b. If your income is ABOVE 150% and UNDER 250% [Dark Gray], please answer the following question to apply for a fee waiver from the Pennywise Foundation:
 - i. Why is it a hardship for you to pay your expungement petition filing fee (\$90 per charge)?
- c. If your income is ABOVE 250% [not on chart] and you believe it would be a hardship for you to pay the expungement filing fees, please explain: