

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

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

\_\_\_\_\_  
Plaintiff

v.

**MOTION TO SET ASIDE  
and DECLARATION IN SUPPORT**  
*No filing fee*

\_\_\_\_\_  
Defendant

DOB: \_\_\_\_\_

SID#: \_\_\_\_\_

Fingerprint number (FPN #) *if known*: \_\_\_\_\_

**MOTION**

I ask the court to set aside the:

☐ record of arrest with no charges filed

*or*

☐ record of arrest with charges filed and the associated: *(check all that apply)*

☐ conviction

☐ record of citation or charge that was dismissed/acquitted

☐ contempt of court finding

☐ finding of Guilty Except for Insanity (GEI)

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**STATEMENT OF POINTS AND AUTHORITIES**

The court may set aside a conviction record or record of arrest, citation, charge, or finding of contempt as provided in ORS 137.225.

The court may set aside a judgment finding a person guilty except for insanity of an offense as provided in ORS 137.223.

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**DECLARATION IN SUPPORT**

☐ I am not currently charged with a crime

☐ The arrest or citation I want to set aside is not for a charge of Driving Under the Influence of Intoxicants (DUII) that was dismissed because I completed a diversion program

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**CONVICTION OR FINDING OF CONTEMPT OR GEI**

Date of conviction, contempt finding, or judgment of GEI: \_\_\_\_\_

*or*

Date of release from prison or supervision by the Psychiatric Security Review Board (PSRB): \_\_\_\_\_

☐ ORS 137.225 does not prohibit a set-aside of this conviction (*see Instructions*)

I am eligible to have my conviction set aside because I was convicted or found GEI of a:  
(*check all that apply*)

Eligibility Date

- ☐ Felony – Class B *and*  
☐ 7 years have passed since the later of the conviction/judgment or release date *and*  
☐ I have not been convicted of any other offense or found guilty except for insanity in the past 7 years
- ☐ Felony – Class C *and*  
☐ 5 years have passed since the later of the conviction/judgment or release date *and*  
☐ I have not been convicted of any other offense or found guilty except for insanity in the past 5 years
- ☐ Misdemeanor – Class A *and*  
☐ 3 years have passed since the later of the conviction/judgment or release date *and*  
☐ I have not been convicted of any other offense or found guilty except for insanity in the past 3 years
- ☐ Misdemeanor – Class B or C *and*  
☐ 1 year has passed since the later of the conviction/finding/judgment or release date *and*  
☐ I have not been convicted of any other offense or found guilty except for insanity in the past year
- ☐ Violation or Contempt of Court *and*  
☐ 1 year has passed since the later of the conviction/finding/judgment or release date *and*  
☐ I have not been convicted of any other offense or found guilty except for insanity in the past year

Sentence (including sanctions for contempt)

- ☐ I have fully completed, complied with, or performed all terms of the sentence of the court
- ☐ I was sentenced to probation in this case ***and:***  
☐ My probation WAS NOT revoked  
*Or*  
☐ My probation WAS revoked *and* 3 years have passed since the date of revocation

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**RECORD OF ARREST, CITATION, OR CHARGE**

Date of arrest: \_\_\_\_\_  
*If no arrest date, date of citation, booking, or incident:* \_\_\_\_\_

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

Charges (*list the charges you were arrested or cited for*): \_\_\_\_\_

I am eligible to have the record of arrest, citation, or charge set aside because:

☐ no accusatory instrument was filed and at least **60 days** have passed since the prosecuting attorney indicated that prosecution / contempt would not be pursued

or

☐ an accusatory instrument was filed and I was acquitted or the case was dismissed

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### **Fingerprints**

➤ I ☐ **have sent** ☐ **will send** a copy of my fingerprints to the Department of State Police

**I hereby declare that the above statements are true 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.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (typed or printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone Number

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### **Certificate of Mailing**

I certify that on *(date)*: \_\_\_\_\_ I ☐ delivered or ☐ placed in the United States mail a true and complete copy of this *Motion to Set Aside and Declaration in Support* to the District Attorney at *(address)*: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (typed or printed)