



The Applicant hereby certifies all requirements for expunging the records are met.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Name of Attorney (if applicable)

\_\_\_\_\_  
Signature of Applicant (if pro se)

\_\_\_\_\_  
Signature of Attorney (if applicable)

\_\_\_\_\_  
Street Address of Applicant

\_\_\_\_\_  
Attorney Registration No. (if applicable)

\_\_\_\_\_  
City, State, and Zip Code of Applicant

\_\_\_\_\_  
Street Address of Attorney (if applicable)

\_\_\_\_\_  
Driver's License No. of Applicant (if applicable)

\_\_\_\_\_  
City, State, and Zip Code of Attorney (if applicable)

\_\_\_\_\_  
Telephone of Applicant (if pro se)

\_\_\_\_\_  
Email Address of Attorney (if applicable)

\_\_\_\_\_  
Telephone of Attorney (if applicable)

(TO BE COMPLETED BY THE COURT)

**SERVICE**

A copy of this application was served by this Court on the Office of the Prosecutor for \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.