

Date of Birth: _____ Last 4 digits – Social Security: _____

City in which violation took place: _____

If probation, date terminated: _____

Also: (list briefly the reasons for requesting that records of conviction or bail forfeiture be sealed and/or records which resulted in a finding of not guilty or nolle prosequi be expunged).

Defendant/Application Signature

CERTIFICATE OF SERVICE

I Hereby certify that a complete and accurate copy of the foregoing has been sent to

(Name of Prosecutor) Prosecutor for the City of _____ via _____
(City) (Fax /Email / Mail / Hand-Delivery)

at _____, on this _____ day of _____, 20__.
(Fax Number / Email Address / Mailing address)

Defendant's Signature