INFORMATION FOR EXPUNCTION

SEX: RACE: DATE OF BIRTH: DRIVER'S LICENSE NUMBER: # STATE SOCIAL SECURITY NUMBER: xxx-xx-x ADDRESS AT WHICH YOU RESIDED WHEN YOU WERE ARRESTED Street City State Zip ALLEGED OFFENSE: DATE OF ALLEGED OFFENSE: DATE OF ARREST: COUNTY WHERE ARRESTED: County MUNICIPALITY WHERE ARREST OCCURRED: ARRESTING AGENCY: CASE NUMBER: COURT: Circle one: Justice of the Peace County Court County Court At Law District Court ny other arrests (convicted or otherwise) since the date of the alleged offense:	NAME: Last	First	Mido	dle
DATE OF BIRTH: DRIVER'S LICENSE NUMBER: #STATE SOCIAL SECURITY NUMBER: xxx-xx-x ADDRESS AT WHICH YOU RESIDED WHEN YOU WERE ARRESTED Street City State Zip ALLEGED OFFENSE: DATE OF ALLEGED OFFENSE: DATE OF ARREST: COUNTY WHERE ARRESTED: County MUNICIPALITY WHERE ARREST OCCURRED: ARRESTING AGENCY: CASE NUMBER: COURT: Circle one: Justice of the Peace County Court County Court County Court County Court At Law District Court	SEX:			
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