INFORMATION FOR EXPUNCTION

NAME: _____
                   Last   First   Middle

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
        Number of Court   County Court
                                          County Court At Law
                                          District Court

List any other arrests (convicted or otherwise) since the date of the alleged offense:

_____

_____

_____