

In the Court of Common Pleas  
County of \_\_\_\_\_  
\_\_\_\_\_ Judicial District



Commonwealth of Pennsylvania  
v  
\_\_\_\_\_

Docket No: CP- - - -20

### Petition for Expungement Pursuant to Pa.R.Crim.P. 790

AND NOW, the petitioner avers the following and requests that this petition for expungement pursuant to Pa.R.Crim.P. 790 be granted for the reasons set forth below.

PETITIONER INFORMATION						
Full Name:		DOB:		Social Security Number:		
Address:		Alias(es):				
CASE INFORMATION						
List name, address of the Judge of the Court of Common Pleas or Philadelphia Municipal Court who accepted the guilty plea or heard the case:						
Judge:			Address:			
Philadelphia Municipal Court or Court of Common Pleas Docket Number:			Offense Tracking Number (OTN):			
Name of Arresting Agency:			Date of Arrest:		Date on Complaint:	
List name and mailing address of the affiant as shown on the complaint, if available:						
Name of Affiant:			Address:			
List specific charges, as they appear on the charging document, to be expunged and the disposition of each charge (please attach additional sheet(s) of paper if necessary):						
PA Statute (Title)	Section	Subsection	Statute Description	Counts	Grade	Disposition
If the sentence imposed included a fine, costs or restitution, has the amount due been paid? <input type="checkbox"/> Yes <input type="checkbox"/> No						
List the reason(s) for the expungement (please attach additional sheet(s) of paper if necessary):						
<input type="checkbox"/> I have attached a copy of my Pennsylvania State Police Criminal History which I have obtained within 60 days before filing this petition.						
<input checked="" type="checkbox"/> I have not attached a copy of my Pennsylvania State Police Criminal History. State reason(s) below: <b>ARD Case</b>						

I, the undersigned petitioner, avers that the facts set forth in this petition are true and correct to the best of my personal knowledge or information and belief, and are made subject to the penalties of unsworn falsification to authorities under 18 Pa.C.S § 4904.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Date

Commonwealth of Pennsylvania

v.

\_\_\_\_\_

IN THE COURT OF COMMON PLEAS OF  
\_\_\_\_\_ COUNTY,

PENNSYLVANIA

CRIMINAL DIVISION

DOCKET NO: \_\_\_\_\_

ORDER

AND NOW, this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_, after consideration of the  
\_\_\_\_\_ presented by \_\_\_\_\_,  
it is ORDERED that the Petition/Motion is \_\_\_\_\_.

The criminal charges in the above-captioned case specified below are dismissed.

The defendant's arrest record regarding these charges shall be expunged. Further, it is ORDERED that the arresting agency shall destroy or deliver to defendant or representative all criminal records, fingerprints, photographic plates and photographs pertaining to the charge(s) specified below, which resulted from the arrest(s) of \_\_\_\_\_ . Moreover, the arresting agency shall request the Federal Bureau of Investigation to return to them all records pertaining to said arrest(s), which shall be destroyed by said agency upon their receipt of same. In addition, all criminal justice agencies upon which this order is served shall expunge and destroy the official and unofficial arrest and other criminal records, files, and other documents pertaining to the captioned proceedings. The information required under Pa.R.Crim.P. 790 appears on the attached page(s) which is hereby incorporated into this ORDER by reference.

BY THE COURT:

\_\_\_\_\_

JOHN B. LAWYER  
ID No. 1111  
1 Media Building  
Media, PA 19063  
PHONE NUMBER  
ATTORNEY FOR THE DEFENDANT

Pursuant to Pa.R.Crim.P. 790, the following information is provided:

1. Petitioner Name:
2. Alias(es):
3. Petitioner's Address:
4. Petitioner's Date of Birth:   /  /
5. Petitioner's Social Security Number:   -  -
6. Name and address of the judge of the Court of Common Pleas or Philadelphia Municipal Court who accepted the guilty plea or heard the case:
7. Name and mailing address of the affiant as shown on the complaint, if available:
8. Docket Number:
9. Offense Tracking Number (OTN):
10. The date on the complaint, or the date of arrest, and if available, the criminal justice agency that made the arrest:
11. The specific charges, as they appear on the charging document, to be expunged and applicable dispositions (attach additional sheets if needed):
12. If the sentence includes a fine, costs, or restitution, whether the amount due has been paid:
13. The reason for expungement:
14. The criminal justice agencies upon which certified copies of the order shall be served:



IN THE CRIMINAL COURTS OF DELAWARE COUNTY STATE OF PENNSYLVANIA

CRIMINAL DIVISION

COMMONWEALTH OF PENNSYLVANIA:                      CASE NUMBER: \_\_\_\_\_

VS.

\_\_\_\_\_

**CERTIFICATION OF COMPLETION OF THE A.R.D. PROGRAM**

The Office of Adult Probation and Parole was assigned to supervise the above named defendant during the period of A.R.D. Probation, which was imposed by the Courts of Delaware County.

I hereby certify that the defendant has complied satisfactorily with the terms and condition of their A.R.D. program. Their court costs/restitution are paid in full and their case is closed.

\_\_\_\_\_ Date: \_\_\_\_\_

**Christine Katch  
Deputy Director  
Office of Adult Probation and Parole, Delaware County**

***\*\*\*Please submit this prepared request for signature along with a copy of the verification and a self-address stamped envelope to:***

***Adult Probation and Parole Services***

***201 West Front Street***

***Media, PA 19063***

***Attn: ARD Unit***

IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, PA  
CRIMINAL DIVISION

COMMONWEALTH OF PENNSYLVANIA : NO

VS. :

\_\_\_\_\_  
:  
VERIFICATION OF DEFENDANT IN REQUEST OF RULE 319 DISMISSAL

I, \_\_\_\_\_, the undersigned Defendant, do hereby request that the charges filed against me in the above captioned matter be dismissed in accordance with Rule 319 and 320 of the Pennsylvania Rules of Criminal Procedure. In support of this request, I do hereby aver that I have not been arrested or charged with any offense since I was placed into the Accelerated Rehabilitative Program. I hereby release from civil liability all persons who may have been called as witnesses against me in the event my case had gone to trial.

I fully understand that any false statement or representation made by me will subject me to being charged with unsworn falsification to Authorities (18 Pa.C.S.A. §4904).

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Defendant's Printed Name

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
City, State, and Zip

\_\_\_\_\_  
Work Telephone