

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Your name)

\_\_\_\_\_  
(Your address)

\_\_\_\_\_  
(City State ZIP Code)

Office of the Attorney General  
Hughes Justice Complex  
Post Office Box 080  
Trenton, NJ 08625

Superintendent, New Jersey State Police  
Expungement Unit  
Post Office Box 7068  
West Trenton, NJ 08628

Magistrate \_\_\_\_\_

\_\_\_\_\_  
(Address)

County Identification Bureau

\_\_\_\_\_  
(Address)

(For pretrial intervention and conditional discharge)

County Probation Office

\_\_\_\_\_  
(Address)

\_\_\_\_\_

Chief of Police, \_\_\_\_\_

\_\_\_\_\_  
(Address)

Prosecutor, \_\_\_\_\_

\_\_\_\_\_  
(Address)

(If applicable)

Warden/Administrator, \_\_\_\_\_

\_\_\_\_\_  
(Name of jail or prison)

\_\_\_\_\_  
(Address)

(For State Grand Jury cases)

Division of Criminal Justice  
Attention: Records and Identification  
25 Market Street  
Post Office Box 085  
Trenton, New Jersey 08625-0085

RE: IN THE MATTER OF THE EXPUNGEMENT OF THE CRIMINAL RECORDS OF

\_\_\_\_\_  
(Your name)

Docket No: \_\_\_\_\_

(Fill in docket number)

Dear Sir/Madam:

Enclosed is a copy of an Expungement Order. Please take the appropriate action to see that these records are expunged.

Sincerely,

\_\_\_\_\_  
(Your signature)

Certified Mail No. \_\_\_\_\_