

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ (County), \_\_\_\_\_ (State)

\_\_\_\_\_  
(Name of State/Respondent)

PLAINTIFF

V.

CAUSE NO. \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Name of Defendant/Petitioner)

DEFENDANT

### Petition for Expungement of Record in Case of Acquittal

COMES NOW \_\_\_\_\_ (Name of Defendant/Petitioner), Petitioner in the above-styled and numbered cause, by and through his attorney, and files this his Petition against Plaintiff/Respondent, \_\_\_\_\_ (Name of State), and in support thereof would show unto the Court the following matters and facts:

1. Petitioner was arrested by the \_\_\_\_\_ (name of police department) on \_\_\_\_\_ (date), for (description of offense) \_\_\_\_\_

2. Petitioner was released without being convicted on \_\_\_\_\_ (date).

3. Petitioner has not previously, nor has he subsequently, been convicted of any criminal offense or any municipal ordinance violation, including violations of state vehicle code, and he has not since been arrested for any such offense and there are no criminal charges pending against him at the present time.

4. Petitioner has read this petition, knows what it says and states, under penalties of perjury, that it is true.

WHEREFORE, Petitioner asks the court to expunge the Petitioner's arrest records.

Respectfully submitted,

\_\_\_\_\_  
(Name of Petitioner)

By: \_\_\_\_\_  
(Printed Name of Attorney)

\_\_\_\_\_  
(Signature of Attorney)

Petitioner's Attorney

State Bar No. \_\_\_\_\_

**Certificate of Service**

This is to certify that I, \_\_\_\_\_ (*Name of Attorney*), attorney for  
Petitioner \_\_\_\_\_ (*Name of Petitioner*), have this date served a true and  
correct copy of the above and foregoing **Petition** by U.S. Mail, postage fully prepaid, to the  
following counsel of record for the State:

\_\_\_\_\_  
**(Name of Attorney)**  
**Post Office Box** \_\_\_\_\_

\_\_\_\_\_  
**City, State, Zip Code**

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Respectfully Submitted,

\_\_\_\_\_  
**(Printed Name of Attorney)**

\_\_\_\_\_  
**(Signature of Attorney)**  
Petitioner's Attorney  
State Bar No. \_\_\_\_\_

OF COUNSEL:

\_\_\_\_\_  
**(Name of Attorney)**  
Post Office Box \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip Code  
Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_