

STATE OF VERMONT

SUPERIOR COURT

CRIMINAL DIVISION

REQUEST FOR SEALING ORDER IN SPECIAL INDEX

Pursuant to 13 V.S.A. § 7607(e)

Requestor Information

Name of Person Requesting Sealing Order \_\_\_\_\_

Name of Requestor's Criminal Justice Agency \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Information Regarding Sealing Order Requested

Defendant's name (required) \_\_\_\_\_

Defendant's date of birth (required) \_\_\_\_\_

County of venue (required) \_\_\_\_\_

Docket number \_\_\_\_\_

Charge \_\_\_\_\_

By signing below, I swear that I am requesting this Sealing Order in accordance with my employment with a criminal justice agency as defined in 20 V.S.A. § 2056a for criminal justice purposes as defined in 20 V.S.A. § 2056a. I declare that the above statement is true and accurate to the best of my knowledge and belief. I understand that if the above statement is false, I will be subject to the penalty of perjury.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor