

STATE OF VERMONT

SUPERIOR COURT  
Unit

CRIMINAL DIVISION  
Docket No.

<b>In Re:</b>	<b>DOB</b>
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**PETITION TO EXPUNGE OR SEAL CRIMINAL HISTORY**

The above named Petitioner hereby requests that the Court order that his/her criminal history record be expunged or sealed. As grounds for the request, Defendant hereby states as follows:

1. **Charges:** I am requesting that the criminal records for the following offense(s) be expunged or sealed:

	Description of offense	Year	Docket No. If any
1.			
2.			
3.			

*If more than one offense is listed, the offenses must relate to the same incident.*

2. **Record of Convictions:**

I was convicted of the offenses. *If you were convicted, please provide the following information about your conviction* \_\_\_\_\_

a. Date of conviction: \_\_\_\_\_

b. I completed all of the conditions of my probation: \_\_\_\_\_

Yes Date of Completion: \_\_\_\_\_

No

c. Any restitution ordered by the court has been paid:

Yes

No

Restitution was not ordered

I was **not** convicted for the offenses listed above. *If you were cited or arrested for the offense but never convicted, answer the following questions and then skip to question 3.*

I was cited or arrested, but a charge was never filed with the court.

A charge was filed, but the court did not find probable cause.

A charge was filed and later dismissed by the court.

3. List any new charges or convictions you have received since the date of the offense listed in question 1.

Offense	Date of Offense	Date of Charge	Date of Conviction

4. I am requesting that my criminal history record be:

- Expunged (all records destroyed except certificate of expungement)  
 Sealed (records maintained but under seal meaning they are not public)

5. I believe that expungement or sealing of my criminal history is in the interests of justice because:


Date of Signature		Signature of Petitioner
		Printed Name of Petitioner
		Address
Phone number	Email Address (if any)	City, State and Zip

cc: State's Attorney or Attorney General's Office