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➤ **Adult Probation Office of Lawrence County**

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- Phone: (724) 656-2173
- Fax: (724) 656-1989

➤ **District Attorney of Lawrence County**

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19 East Washington Street

New Castle, PA 16101

- Phone: (724) 656-8900
- Fax: (724) 656-8902

➤ **Clerk of Court's Office of Lawrence County**

430 Court Street

New Castle, PA 16101

- Phone: (724) 656-1983
- Fax: (724) 656-2479

In the Court of Common Pleas
 County of Lawrence
37 Judicial District



Commonwealth of Pennsylvania
 v

Docket No: CP - 37 - - -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 type="checkbox"/> I have not attached a copy of my Pennsylvania State Police Criminal History. State reason(s) below: | | | | | | |

When this petition is filed with the Clerk of Courts, the petitioner shall serve a copy upon the attorney for the Commonwealth.

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

**IN THE COURT OF COMMON PLEAS
LAWRENCE COUNTY, PENNSYLVANIA
CRIMINAL DIVISION 53RD DISTRICT**

COMMONWEALTH OF PENNSYLVANIA

DOCKET # _____ OF 20__

VS.

OTN # _____

AFFIDAVIT

Before me, the undersigned authority, personally appeared _____,
Who being first duly sworn according to law, deposed and says that the facts set forth in
the foregoing petition are true and correct to the best of his knowledge, information, and
belief.

PETITIONER

Sworn to and subscribed before me
This ____ day of _____, 20____.

Notary Public

**IN THE COURT OF COMMON PLEAS
LAWRENCE COUNTY, PENNSYLVANIA
CRIMINAL DIVISION 53RD DISTRICT**

COMMONWEALTH OF PENNSYLVANIA

DOCKET # _____ OF 20__

VS

OTN # _____

CERTIFICATION

We, the undersigned, do hereby certify that the Defendant _____, has successfully completed all requirements set forth in the Order of Court dated _____, relating to his/her ARD program and/or sentence and that the defendant has paid all costs due and owing and that we, the undersigned, have no objections to the Court dismissing the aforementioned charges pursuant to P.A.R.Crim.P.185..

Adult Probation Officer

DUI Coordinator (if applicable)

Treatment Agency (if applicable)

District Attorney of Lawrence County

Clerk of Courts

COMMONWEALTH OF PENNSYLVANIA

:

VS.

:

No: _____

:

OTN: _____

WAIVER OF CRIMINAL HISTORY

AND NOW THIS, _____ day of _____, _____ upon consideration of the foregoing Petition for Expungement, I Joshua Lamancusa, Lawrence County District Attorney, hereby waive the filing of the Pennsylvania Criminal History Background Check pursuant to Pa.R.Crim.P 490 and Pa.R.Crim.P 790.

Lawrence County District Attorney

Commonwealth of Pennsylvania

v.

IN THE COURT OF COMMON PLEAS OF
LAWRENCE COUNTY,
PENNSYLVANIA

CRIMINAL DIVISION

DOCKET NO: _____

ORDER

AND NOW, this ____ day of _____, 20____, after consideration of the
_____ presented by _____,
it is ORDERED that the Petition/Motion is _____.

Except as provided by law, all criminal justice agencies upon which this order is served shall expunge and destroy the defendant's arrest record, including the criminal history record information, pertaining to the captioned proceedings.

In accordance with Pa.R.Crim.P. 320, the criminal charges in the above-captioned case specified below are dismissed and the defendant's arrest records regarding these charges shall be expunged except as provided by law.

Except as provided by law, all criminal justice agencies upon which this order is served shall expunge and destroy the official and unofficial arrest and other criminal records pertaining to the captioned proceedings in accordance with Section 119 of The Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. § 780-119).

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:

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: