

**WEBSITES:**

Ujsportal.pacourts.us

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**ADDRESSES:**

➤ **Adult Probation Office of Lawrence County**

430 Court Street

New Castle, PA 16101

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

➤ **District Attorney of Lawrence County**

430 Court Street

New Castle, PA 16101

- Phone: (724) 656-1916
- Fax: (724) 656-1986

➤ **Lawrence County DUI Program**

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



**Petition for Expungement Pursuant to Pa.R.Crim.P. 490**

AND NOW, the petitioner avers the following and requests that this petition for expungement pursuant to Pa.R.Crim.P. 490 be granted for the reasons set forth below.

<b>PETITIONER INFORMATION</b>							
Full Name:			DOB:	Social Security Number:			
Address:			Alias(es):				
<b>JUDGE INFORMATION</b>							
List name, address of Judge of the Magisterial District or Philadelphia Municipal Court who accepted the guilty plea or heard the case:							
Judge:			Address:				
Magisterial District Court Number:							
Philadelphia Municipal Court or Magisterial District Docket Number:							
Name of Arresting Agency:			Date of Arrest:	Date on Citation or Complaint:			
List name and mailing address of the affiant as shown on the complaint or citation, 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 53<sup>RD</sup> DISTRICT

COMMONWEALTH OF PENNSYLVANIA

VS.

\_\_\_\_\_

DOCKET # \_\_\_\_\_ OF 20\_\_

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 53<sup>RD</sup> DISTRICT

Commonwealth of Pennsylvania

Criminal 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 objection to the Court dismissing the aforementioned  
charges pursuant to PA.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

IN THE COURT OF COMMON PLEAS  
LAWRENCE COUNTY, PENNSYLVANIA  
CRIMINAL DIVISION 53<sup>RD</sup> DISTRICT

Commonwealth of Pennsylvania

Criminal Docket # \_\_\_\_\_ of 20\_\_

Vs.

OTN \_\_\_\_\_

**ORDER OF COURT**

Now, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, upon consideration of the foregoing petition to Dismiss Charges and Expunge Criminal Records, it is hereby ORDERED, ADJUDGED, AND DECREED that the following CHARGES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

against the defendant, born \_\_\_/\_\_\_/\_\_\_ and whose social security number is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ who was arrested on \_\_\_/\_\_\_/\_\_\_ by the \_\_\_\_\_ Police Department, at the District Justice District Number \_\_\_53-\_\_\_ - \_\_\_\_\_, District Justice Docket # \_\_\_\_\_ of 20\_\_\_\_, who has had case withdrawn/dismitted/nolle prossed, are hereby DISMISSED and ALL RECORDS, concerning said prosecution, except as provided by law, shall be promptly EXPUNGED.

A certified copy of this Order shall be excited by the Clerk of Courts to the District Attorney, Adult Probation Office, Court Administrator, Public Defenders Office or Attorney of Record or Defendant, State Police Repository, arresting Police Department, and the District Magistrate. Only the above-served parties who are mandated by law to expunge shall provide the Clerk of Courts with an affidavit that they have complied with this Order.

The information required under P.A.R.Crim.P. 490 appear on the attached page(s) which is hereby incorporated into this Order by reference.

BY THE COURT

\_\_\_\_\_

Pursuant to Pa.R.Crim.P. 490, 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 or citation, if available:

8. Magisterial District Court number: \_\_\_\_\_

9. Docket Number: \_\_\_\_\_

10. The date on the citation or 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: