

REQUEST FOR ARD EXPUNGEMENT

TO: DIRECTOR, ERIE COUNTY ADULT PROBATION

DATE: _____

I have satisfied all of the requirements of my ARD supervision and am requesting expungement of the ARD charges.

I have satisfactorily completed all the conditions of supervision ordered by the Court or required by law.

I have successfully paid in full all financial obligations.

If applicable, I have also successfully completed all educational classes as required by law or Order of Court and have paid in full all applicable tuitions.

I am submitting this as a true and accurate statement.

Signature Date

PLEASE PRINT:

Name: _____

Date of Birth: _____

SS#: _____

Phone #: _____

Address: _____

Docket #: _____

Offense: _____

FORM CAN BE MAILED OR DROPPED OFF TO:

ERIE COUNTY ADULT PROBATION/PAROLE DEPARTMENT

ATTN: SUPPORT STAFF

140 W. 6TH STREET, THIRD FLOOR, WEST WING

ERIE, PA 16501