In the Court of Common Pleas County of [Name] Judicial District



Commonwealt	nmonwealth of Pennsylvania v									
Docket No: <u>CP-</u>		-2	20							

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.

			PETIT	TIONER	INFORMAT	ION			
Full Name:			DOB:		Social Sec	Social Security Number:			
Address:	Address: Alia			Alias(es)	:				
			C	ASE INF	ORMATION	I			
List name, case:	address of Ju	dge of the Ma	agisterial District	or Philade	elphia Municipa	al Court who	accepted	d the guilty plea o	r heard the
Judge:				Address:					
Magisterial District Court Number:									
			terial District Do	cket Numl	oer:				
Philadelphia Municipal Court or Magisterial District Docket Numl Name of Arresting Agency:				Date of Arrest: Date on Citation or Complaint:					
List name a	and mailing a	ddress of the	affiant as shown	on the co	mplaint or citat	ion, if availal	ble:		
Name of A	Name of Affiant:				Address:				
	c charges, as sheet(s) of pa			document,	to be expunge	ed and the di	sposition	of each charge (please attach
PA Statute (Title)	Section	Subsection	Statute Descript	ion		Counts	Grade	Disposition	
If the sente	nce imposed	l included a fin	l e, costs or restit	ution, has	the amount du	le been paid] ?	⊥ Yes	☐ No
			it (please attach						_
I have a	attached a co	py of my Peni	nsylvania State I	Police Crir	ninal History w	hich I have c	btained	within 60 days be	fore filing this
☐ I have	not attached a	a copy of my F	Pennsylvania Sta	ate Police	Criminal Histor	y. State reas	son(s) be	elow:	
rsonal kno		nformation a						rect to the best orn falsification	
Signatu	re of Petiti	oner	<u>-</u>		Date				