## **REQUEST FOR ARD EXPUNGEMENT**

ΓO: DIRECTOR, ERIE COUNTY ADULT PROBATION
DATE:
I have satisfied all of the requirements of my ARD supervision and am requesting expungements of the ARD charges.
I have satisfactorily completed all the conditions of supervision ordered by the Court or requirely 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. 6<sup>TH</sup> STREET, THIRD FLOOR, WEST WING

ERIE, PA 16501