

# **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. 6<sup>TH</sup> STREET, THIRD FLOOR, WEST WING  
ERIE, PA 16501