STATE OF NORTH CAROLINA

In The General Court Of Justice

IN THE MATTER OF					
IN THE MATTER OF Full Name And Address Of Applicant For Employment Or Certification (type or print)		LAW ENFORCEMENT APPLICATION FOR VERIFICATION OF EXPUNCTION			
				G.S. 15A-151	
Drivers License No. State Race	Sex	Date Of Bi	rth	Full Social Security No.	
NOTE: If the applicant's name, drivers license information, or social secuto the expunction, list the prior information in the fields below:	ırity number we	re different a	t the time o	f the prior expunction or the charge leading	
Former Name (Last, First, Middle) Forme	er Drivers License	cense No. State		Full Former Social Security No.	
APPLICATION FOR VE	RIFICATION	OF EXPL	JNCTION	J	
Pursuant to G.S. 15A-151, the undersigned hereby requests a sea Administrative Office of the Courts (NCAOC), for the purpose of d granted an expunction pursuant to Chapter 15A of the General St	letermining wh tatutes.				
The undersigned hereby certifies that: (check only one option from N	Vos. 1-3)				
1. The applicant named above has applied for employment with law enforcement agency of the State of North Carolina, and concerning the applicant.					
 2. The applicant named above is an applicant for certification b a. North Carolina Criminal Justice Education and Training b. North Carolina Sheriffs' Education and Training Standa and this request is made only for the purpose of the Commis 3. The applicant named above is a candidate for election or application is necessary to the North Carolina Sheriffs' Education and Training Standard Training Standar	g Standards Co ards Commissi ssion's determi pointment to the raining Standar of the law ent	ommission ion ination cond ne office of ards Commi	Sheriff, and ssion's pre	d the requested report of expunctions eparation of the candidate's disclosure the Commission indicated above to	
Date Name Of Requester (type or print)		Signature Of Requester			
You must provide your agency name and address and your age email, you must provide a valid, agency-issued email address (verification to be sent to you by mail, you must provide a self-address)	verifications w	ill not be se	nt to a priv		
Agency	Agency Na	Agency Name And Address (type or print)			
NC Criminal Justice Education and Training Standards Commission					
NC Sheriffs' Education and Training Standards Commission					
Other:					
ORI Number:	Email Addre	Email Address Of Requester (if requester wants verification to be sent to requester by email)			
CERTIFICATI	E OF VERIF	ICATION			
I have searched the confidential file of persons granted an expun			nd certify t	that:	
there is no record under the name of the applicant for an expu					
there is a record under the name of the applicant for an expur this form.		•			
Date Name Of Records Officer (type or print)		Signature Of	Records Off	ficer	
Emily E. Mehta					

(Over)

INSTRUCTIONS

NOTE TO REQUESTER: Read these instructions carefully. Records of expunctions are some of the most confidential records in the court system. The Administrative Office of the Courts (NCAOC) will not disclose information about expunctions except in strict compliance with G.S. 15A-151(a) and 15A-152. If the NCAOC receives an application that fails to comply with these instructions, there may be no response to the application.

- 1. If you have any questions about this application or its completion, please consult your agency's or commission's legal counsel.
- 2. You may not strike through or modify any item on Side One. All of the information and statements on Side One are required for a valid application.
- 3. If you wish to submit an application electronically, the form is available electronically on the NCAOC's website by visiting www.nccourts.gov/documents/forms. In the "Contains" field, enter the number of this form, AOC-CR-280.
- 4. After completion, this form may be filed electronically by sending an encrypted email of the completed form to the email address below. This form may also be printed and submitted manually by mailing to the address listed below.
- 5. If you wish to complete the form manually, write clearly and legibly. Applications with illegible information may not receive a response. A self-addressed stamped envelope must be included for all mailed applications to receive a response. Applications submitted by mail without a self-addressed stamped envelope may not receive a response.
- 6. Provide complete information in every field on Side One. Identifying information such as drivers license information, date of birth, and social security number is critical to this application. If the staff of the NCAOC is unable to verify that a particular record of expunction pertains to the applicant, the NCAOC will respond that "there is no record of expunction" in order to avoid the risk of disclosing the expunction record of another person.
- 7. This application may be submitted **only** for the purposes listed in G.S. 15A-151(a)(4) through (a)(6) and in (a)(8).
- 8. **DO NOT** call the NCAOC to ask about the status of this application once submitted. In order to avoid improper disclosure of information about expunged cases, the staff of the NCAOC will not discuss this application with anyone over the phone. The NCAOC will not even acknowledge the receipt of this application. **There will be no exceptions.** The only response to this application will be by encrypted email or by U.S. mail, using your self-addressed stamped envelope after completion of the NCAOC search of the expunction records.
- 9. If you wish to receive the NCAOC's verification by email, send the application to:

NCAOC Expunctions@nccourts.org

10. If you wish to receive the NCAOC's verification by mail, send the application and self-addressed stamped envelope to:

NC Administrative Office of the Courts Attn: Records Officer PO Box 2448 Raleigh, NC 27602