STATE OF NORTH CAROLINA

In The General Court Of Justice

IN THE MATTER OF	LAW ENFORCEMENT, PRIVATE PROTECTIVE SERVICES BOARD, OR SECURITY SYSTEMS LICENSING BOARD APPLICATION FOR VERIFICATION OF EXPUNCTION
Full Name And Address Of Applicant For Employment, Certification, Licensure, Or Registration	G.S. 15A-151

Drivers License No.	*State*	*Race*	*Sex*	*Date Of Birth*	*Full Social Security No.*

NOTE: *If the applicant had or is associated with name(s), driver license(s), or social security number(s) different from what is listed above, list the additional information in the fields below:*

Additional Name(s) (Last, First, Middle)	*Additional Drivers License No.(s)*	*State*	*Additional Full Social Security No.(s)*

APPLICATION FOR VERIFICATION OF EXPUNCTION

Pursuant to G.S. 15A-151, the undersigned hereby requests a search of the confidential records of expunction maintained by the Administrative Office of the Courts (NCAOC), for the purpose of determining whether the applicant named above previously has been granted an expunction pursuant to Chapter 15A of the General Statutes.

The undersigned hereby certifies that: *(check **only one** option from Nos. 1-4)*

☐ 1. The applicant named above has applied for employment with the law enforcement agency identified below, which is a State or local law enforcement agency of the State of North Carolina, and this request is made only for the purpose of an employment decision concerning the applicant.

☐ 2. The applicant named above is an applicant for certification by the *(check one)*
- ☐ a. North Carolina Criminal Justice Education and Training Standards Commission
- ☐ b. North Carolina Sheriffs' Education and Training Standards Commission

and this request is made only for the purpose of the Commission's determination concerning that certification.

☐ 3. The applicant named above is a candidate for election or appointment to the office of Sheriff, and the requested report of expunctions is necessary to the North Carolina Sheriffs' Education and Training Standards Commission's preparation of the candidate's disclosure statement pursuant to G.S. 17E-20.

☐ 4. The applicant named above is an applicant for licensure or registration by the *(check one)*
- ☐ a. North Carolina Private Protective Services Board
- ☐ b. North Carolina Security Systems Licensing Board

and this request is made for licensure or registration purposes only.

The undersigned has been authorized by the hiring authority of the law enforcement agency or the Commission indicated above to make this request on behalf of the agency or Commission, as communicated previously to the NCAOC.

Date	*Name Of Requester (type or print)*	*Signature Of Requester*

***You must** provide your agency name and address and if your agency is a law enforcement agency, your agency's ORI Number. If you wish for the verification to be sent to you by email, **you must** provide a valid, agency-issued email address (verifications will not be sent to a private email address). If you wish for the verification to be sent to you by mail, **you must** provide a self-addressed stamped envelope.*

Agency	*Agency Name And Address (type or print)*
☐ NC Criminal Justice Education and Training Standards Commission ☐ NC Sheriffs' Education and Training Standards Commission ☐ NC Private Protective Services Board ☐ NC Security Systems Licensing Board ☐ Other: _____	
ORI Number:	*Email Address Of Requester (if requester wants verification to be sent to requester by email)*

CERTIFICATE OF VERIFICATION

I have searched the confidential file of persons granted an expunction in North Carolina and certify that:

☐ there is no record under the name of the applicant for an expunction under Chapter 15A of the General Statutes.

☐ there is a record under the name of the applicant for an expunction under Chapter 15A of the General Statutes, and it is attached to this form.

Date	*Name Of Records Officer (type or print)*	*Signature Of Records Officer*
	Courtney Bailey	

(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) and (a)(10).
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