

STATE OF NORTH CAROLINA		File No.	Scan No.(s)		
_____ County		In The General Court Of Justice <input type="checkbox"/> District <input type="checkbox"/> Superior Court Division			
STATE VERSUS <i>Name And Address Of Petitioner (type or print full name)</i>		PETITION AND ORDER OF EXPUNCTION UNDER G.S. 15A-145.7 (FALSE REPORT/THREAT OF MASS VIOLENCE) G.S. 15A-145.7, 15A-150			
Name And Address Of Petitioner's Attorney For Expunction Petition					
Drivers License No.	State	Race	Sex		
Date Of Birth	Full Social Security No.	Age At Time Of Offense			
<b>NOTE TO PETITIONER:</b> List the arresting agency and any State or local government agency that has a record of your case. You <b>must</b> provide complete information for each agency. The clerk of superior court will send a copy of this order, if granted, to the agency name(s) and address(es) provided below. The clerk will <b>not</b> provide addresses for you. Do not list the courts, the State Bureau of Investigation, the Department of Adult Correction, or the Division of Motor Vehicles; if the order is granted, those agencies will be notified automatically. Do not list any private entity, like a company that provides criminal background checks. The clerk will not send a copy of this order to any entity that is not an agency of the State of North Carolina or one of its local governments. A private entity required to expunge records will be notified directly by the State or local agencies that distribute criminal justice information to that entity.					
Name And Address Of Arresting Agency		Name And Address Of Other Agency (if any)		Name And Address Of Other Agency (if any)	
<input type="checkbox"/> Check here to indicate that additional agencies and/or additional file nos. and offenses are listed on an AOC-CR-285 form that is attached to this petition. (attach form)					
File No.(s)	Date Of Arrest	Offense Description	Date Of Offense	Disposition	Date Of Disposition/Conviction
PETITION TO EXPUNGE					
I hereby petition for an expunction pursuant to G.S. 15A-145.7 and certify as follows: 1. I have not previously been convicted of any felony or misdemeanor other than a traffic violation under the laws of the United States or the laws of this State or any other state. 2. In the county named above I was discharged and the proceeding against me dismissed pursuant to G.S. 14-277.8 for the offense(s) listed above. 3. I had not reached the age of 20 years of age at the time of the offense(s) listed above. 4. I have attached to this petition the affidavits required by G.S. 15A-145.7(a). I certify that this petition and the required affidavits have been filed in this case and that the information set forth above is a complete and accurate statement of the information on file in the office of the clerk of superior court. I hereby request and authorize a name-based State and national criminal record check by the State Bureau of Investigation and a search of the confidential record of expunctions maintained by the NC Administrative Office of the Courts.					
Date	Name (type or print)		Signature		<input type="checkbox"/> Petitioner <input type="checkbox"/> Petitioner's Attorney
CERTIFICATE OF SERVICE					
I certify that a copy of this petition was served by: <input type="checkbox"/> delivering a copy personally to the district attorney. <input type="checkbox"/> leaving a copy at the office of the district attorney with an associate or employee. <input type="checkbox"/> depositing a copy enclosed in a postpaid properly addressed envelope in a post office or official depository under the exclusive care and custody of the U.S. Postal Service, directed to the district attorney. <input type="checkbox"/> email ( <input type="checkbox"/> from ICMS/OFS) to the district attorney at _____, the email address of record with this court for that person.					
Date Served	Name Of Person With Whom Copy Left (type or print)		Signature Of Person Serving		
<input type="checkbox"/> Service accepted by the district attorney.					
Date	Name Of Person Accepting Service (type or print)		Signature Of Person Accepting Service		
(Over)					
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		REQUEST BY JUDGE			
<b>To The State Bureau Of Investigation, Attn: CIIS Expungement Unit, 3320 Garner Road, Raleigh, NC 27610:</b> Please prepare, certify below, and attach to this Request any Criminal History Record Information (CHRI) for the petitioner, then forward this Request with CHRI attached, confidentially to: Records Officer, Administrative Office of the Courts. <b>To The Records Officer, Administrative Office Of The Courts, PO Box 2448, Raleigh, NC 27602:</b> Complete the report below and return it, along with the information attached by the SBI, to the clerk of superior court.					
Date	Name Of Presiding Judge (type or print)		Signature Of Presiding Judge		
		CRIMINAL HISTORY RECORD INFORMATION			
<b>To Any Presiding Judge In The Above-Named County And Court: (Confidential)</b> I have conducted a search of the criminal records of the North Carolina State Bureau of Investigation and the Federal Bureau of Investigation, based on the information provided, which has not been verified by fingerprint comparisons, and certify that <input type="checkbox"/> there is no criminal record for the petitioner other than the offense(s) identified on the reverse of this form. <input type="checkbox"/> the Criminal History Record Information which is attached is a true and accurate statement of all information contained in the criminal records of the State and Federal Bureaus of Investigation for the petitioner identified on the reverse side of this form.					
Date	SID No.	Name Of SBI Official (type or print)		Signature Of SBI Official	
		REPORT BY ADMINISTRATIVE OFFICE OF THE COURTS			
<b>To Any Presiding Judge In The Above-Named County And Court: (Confidential)</b> I have searched the confidential file of the names of all persons granted an expunction in North Carolina and certify that <input type="checkbox"/> there is no record under the name of the petitioner of any expunction under any statute of North Carolina. <input type="checkbox"/> there is a record under the name of the petitioner identified on the reverse side and it is attached to this form.					
Date	Name Of Records Officer (type or print)		Signature Of Records Officer		
	Courtney Bailey				
		FINDINGS OF FACT			
After a hearing on the petition the Court makes the following findings of fact: <input type="checkbox"/> 1. The petitioner was discharged and the proceedings listed on Side One dismissed pursuant to G.S. 14-277.8. <input type="checkbox"/> 2. The petitioner had not reached 20 years of age at the time of the offense(s) in question. 3. The petitioner <input type="checkbox"/> is <input type="checkbox"/> is not eligible for an expunction of the offense(s) listed on Side One. If not eligible, it is because: _____					
		ORDER			
<b>Therefore, the Court hereby ORDERS:</b> <input type="checkbox"/> 1. The petition is granted. It is ordered that any and all entries relating to the petitioner's arrest, indictment or information, trial, or conviction shall be expunged from the records of the court. All law enforcement agencies, the Department of Adult Correction, the Division of Motor Vehicles, and any other State or local government agency identified on Side One and on any AOC-CR-285 form that is attached to this petition shall expunge from all official records any entries relating to the proceeding. The Division of Motor Vehicles shall not expunge records for which expunction is otherwise prohibited by G.S. 15A-151. <input type="checkbox"/> 2. For the reason(s) identified in Finding No. 3, the petition is denied. <b>NOTE TO CLERK:</b> If denied, file this Order in the case file. Upon expiration of the deadline for appeal from a denial of this Order, destroy any documentation provided with the petition, such as a criminal history report and any NCAOC report of prior expunctions. If granted, send a certified copy of this Order to the petitioner at the address listed on Side One or an updated address as provided by the petitioner.					
Date	Name Of Presiding Judge (type or print)		Signature Of Presiding Judge		
		CERTIFICATION BY CLERK			
I hereby certify that this form is a true and complete copy of the original in this case, and if granted, a certified copy of this Order was sent on the date shown below to the petitioner, the State Bureau of Investigation, the Department of Adult Correction, the Division of Motor Vehicles, and to the arresting agency and any other State or local government agency identified on Side One and on any attachment to this petition.					
Date	Name (type or print)	Signature Of Clerk		<input type="checkbox"/> Dep. CSC <input type="checkbox"/> Asst. CSC <input type="checkbox"/> Clerk Of Superior Court	SEAL
<b>NOTE TO CLERK:</b> If granted, <b>always</b> send a certified copy of this Order under seal to the petitioner, to <b>all</b> the agencies listed in Certification By Clerk above, and to the NCAOC. Send copies for the arresting agency and additional agencies to the addresses provided by the petitioner. Send SBI, DAC, DMV, and NCAOC copies to: State Bureau of Investigation    NC Department of Adult Correction    NC Division of Motor Vehicles, Driver and    NC Administrative Office of the Courts Attn: Expunction Unit    Attn: Combined Records Section    Vehicle Services, Driver Assistance Branch    Attn: Records Officer 3320 Garner Road    4226 Mail Service Center    Attn: Hearings/Adjudication Unit    PO Box 2448 Raleigh, NC 27610    Raleigh, NC 27699-4226    3118 Mail Service Center    Raleigh, NC 27602 Raleigh, NC 27699-3118					
<b>NOTE TO PETITIONER:</b> If this petition is granted, the clerk of superior court will send you a certified copy of the final order for your records at the address listed on Side One. If you move, you must notify the clerk in writing of your change of address in order to receive a certified copy. After the case is expunged, the clerk of superior court will have no record of the case and will be unable to provide you with any documentation of the case. This includes the expunction order; it will be destroyed with the case file.					
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