

STATE OF NORTH CAROLINA

File No.

Scan No.(s)

County

In The General Court Of Justice

 District Superior Court Division**NOTE:** This petition requires the payment of a filing fee unless the petitioner is an indigent.**STATE VERSUS**

Name And Address Of Petitioner (type or print full name)

**PETITION AND ORDER OF EXPUNCTION
UNDER G.S. 15A-145.8A****(NON-TRAFFIC MISDEMEANOR OR FELONY UNDER AGE 18
COMMITTED BEFORE RAISE THE AGE)**

G.S. 15A-145.8A, 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

NOTE TO PETITIONER: List the arresting agency and any State or local government agency that has a record of your case. You **must** 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 **not** 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)

 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-145.8A and certify as follows:

- In this court of the county named above I was convicted of the felony(ies) and/or misdemeanor(s) listed above, and further certify that:
 - No offense listed above is more serious than a Class H felony.
 - No offense listed above is among the exceptions in G.S. 15A-145.8A(b).
- At the time the offense(s) was (were) committed, I was less than 18 years age but at least 16 years of age.
- The offense(s) listed above was (were) committed prior to December 1, 2019.
- I have completed any active sentence, period of probation, and post-release supervision ordered for the offense(s).
- I have no restitution orders, or outstanding civil judgments representing amounts ordered for restitution for the offense(s), against me.
- I have served a copy of this form on the district attorney.

I certify that this petition has 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.

| | | | |
|------|----------------------|-----------|---|
| 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:

-
- delivering a copy personally to the district attorney.
-
-
- 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.
-
-
- leaving a copy at the office of the district attorney with an associate or employee.

| | | |
|-------------|--|-----------------------------|
| Date Served | Name Of Person With Whom Copy Left (type or print) | Signature Of Person Serving |
|-------------|--|-----------------------------|

 Service accepted by the district attorney.

| | | |
|------|--|---------------------------------------|
| Date | Name Of Person Accepting Service (type or print) | Signature Of Person Accepting Service |
|------|--|---------------------------------------|

(Over)

FINDINGS OF FACT

After a hearing on the petition, the Court makes the following findings of fact:

- 1. Petitioner was convicted of the felony(ies) and/or misdemeanor(s) listed above.
2. Each offense(s) listed above is a misdemeanor or Class H or I felony eligible for expunction under G.S. 15A-145.8A.
3. At the time the offense(s) was (were) committed, the petitioner was less than 18 years of age but at least 16 years of age.
4. Each offense(s) listed above was committed prior to December 1, 2019.
5. The district attorney has been served with a copy of this petition at least thirty (30) days prior to this date, has received notice of the hearing and has no objection.
6. Petitioner has completed any active sentence, period of probation, and post-release supervision ordered for the offense.
7. Petitioner has no restitution orders or outstanding civil judgments representing amounts ordered for restitution entered against him/her.
8. The district attorney's office made its best efforts to contact the victim(s) of the offense(s) listed above.
9. Petitioner is or is not eligible for an expunction of the offense(s) listed on Side One.

ORDER

Therefore, the Court hereby ORDERS:

- 1. The petition is granted. It is ordered that any and all entries relating to the petitioner's apprehension, charge, trial, or conviction shall be expunged from the records of the court.
2. For the reason(s) identified in Finding No. 9, the petition is denied.

NOTE TO CLERK: 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. 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.

Table with 3 columns: 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.

Table with 4 columns: Date, Name (type or print), Signature Of Clerk, and checkboxes for Dep. CSC, Asst. CSC, Clerk Of Superior Court. Includes a SEAL label.

NOTE TO CLERK: If granted, always send a certified copy of this Order under seal to the petitioner, to all 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.

Table with 4 columns listing addresses for State Bureau of Investigation, NC Department of Adult Correction, NC Division of Motor Vehicles, Driver and Vehicle Services, and NC Administrative Office of the Courts.

NOTE TO PETITIONER: 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.