

STATE OF NORTH CAROLINA

In The General Court Of Justice

_____ County

STATE VERSUS

APPLICATION FOR CERTIFICATE OF VERIFICATION OF PRIOR EXPUNCTION

Full Name And Address Of Applicant (type or print)

G.S. 15A-151(a)(2), 15A-152

Drivers License No.	State	Date Of Birth	Race	Sex	Full Social Security No.
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NOTE: If your name, drivers license information, or social security number were different at the time of the prior expunction or the charge leading to the expunction, list the prior information in the fields below:

Former Name (Last, First, Middle)	Former Drivers License No.	State	Full Former Social Security No.
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County	File Number	County	File Number	County	File Number	County	File Number

STOP

Any false statement on this application could subject you to prosecution for perjury. Before completing this application, read **carefully** the instructions on Side Two of this form. By signing this application and sending it to the Administrative Office of the Courts (NCAOC), you are making statements under oath or affirmation, including a statement that you have read and understand the instructions on Side Two.

APPLICATION FOR VERIFICATION OF EXPUNCTION UNDER G.S. 15A-151(a)(2)

I request verification of the expunction of the case(s) listed in this application, and in support of that request state the following:

1. I am the person identified by the information at the top of this application.
2. I was named as the defendant in the case(s) listed above, for which the court ordered the record(s) expunged.
3. In the case(s) listed above, I filed my expunction petition on or after December 1, 2017.
4. I have read and understood all of the instructions on Side Two of this application.

I declare that all of the statements above are true and complete, and I request a certificate of verification from the NCAOC that (i) the records of the case(s) listed in this application were expunged from the records of the General Court of Justice, and (ii) notice of the expunction was made in accordance with G.S. 15A-150.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

Date	Name Of Person Authorized To Administer Oaths (type or print)	Signature Of Applicant
<input type="checkbox"/> Notary	Signature Of Person Authorized To Administer Oaths	Name Of Applicant (type or print)
SEAL	Date My Commission Expires County Where Notarized	NOTE TO OFFICIAL ADMINISTERING OATH: This application concerns case(s) expunged from the records of the General Court of Justice. Accordingly, you should not disclose the nature or content of this application to anyone, except as required in an action related to the application.
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court <input type="checkbox"/> Magistrate		

APPLICATION FOR VERIFICATION OF EXPUNCTION UNDER G.S. 15A-152

I request verification of the expunction of the case(s) listed in this application, and in support of that request state the following:

1. I am the person identified by the information at the top of this application.
2. I was named as the defendant in the case(s) listed above, for which the court ordered the record(s) expunged.
3. Information about the case(s) listed above was disclosed by a private entity that holds itself out as being in the business of compiling and disseminating criminal history information for compensation, and this request is being made for the purpose of a potential or pending civil action against that private entity under G.S. 15A-152.
4. I have attached to this application a copy of the private entity's disclosure of the above case(s).
5. I have read and understand all of the instructions on Side Two of this application.

Under penalty of perjury, I declare that all of the statements above are true and complete, and I request a certificate of verification from the NCAOC, pursuant to G.S. 15A-152(d), that (i) the records of the case(s) listed in this application were expunged from the records of the General Court of Justice, and (ii) notice of the expunction was made in accordance with G.S. 15A-150.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

Date	Name Of Person Authorized To Administer Oaths (type or print)	Signature Of Applicant
<input type="checkbox"/> Notary	Signature Of Person Authorized To Administer Oaths	Name Of Applicant (type or print)
SEAL	Date My Commission Expires County Where Notarized	NOTE TO OFFICIAL ADMINISTERING OATH: This application concerns case(s) expunged from the records of the General Court of Justice. Pursuant to G.S. 15A-152(d), you may not disclose the nature or content of this application to anyone, except as required in an action related to the application.
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court <input type="checkbox"/> Magistrate		

CERTIFICATE OF VERIFICATION

1. I have searched the confidential file containing the names of all persons granted an expunction in North Carolina and certify that:
- there is no record of expunction of the case(s) identified above.
NOTE: *This response does not mean that no expunction occurred. Prior to October 1, 2010, some expunction statutes did not require reporting of the expunction to the NCAOC, so no record of those matters or their expunction remains in any official records of the courts or the NCAOC.*
 - attached to this Certificate is a copy of any order(s) of expunction for the case(s) identified above, as reported to the NCAOC.
 - attached to this Certificate is a report from the confidential files of the NCAOC of the expunction of the case(s) identified above, for which a copy of the expunction order is not available due to its entry prior to October 1, 2010.
2. I further certify that notice to delete the expunged case(s) in question was delivered electronically to all private entities with which the NCAOC has licensing agreements for bulk extracts of criminal record data on _____ (date).

Date	Name Of Records Officer (type or print) Ashley M. Naleimaile	Signature Of Records Officer
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INSTRUCTIONS

NOTE TO APPLICANT: *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, you should consult an attorney. The staff at the NCAOC cannot provide legal advice and therefore cannot assist you with completion of this application.
2. The request on Side One must be sworn to or affirmed by the person whose record was expunged. It may not be signed by anyone else on that person's behalf, including by an attorney representing that person.
3. 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. You need complete only one of the two APPLICATION sections on Side One. If you have any questions regarding which APPLICATION section applies to you, you should consult an attorney.
4. **Print clearly and legibly, using only black ink.** Applications with illegible information may not receive a response. If you wish to submit a typed application, this form is available electronically on the NCAOC's website at www.nccourts.org/Forms/FormSearch.asp. In the "Form Number" field, enter the number of this form, AOC-G-260. Searching by the form number will provide you with a link to a fillable PDF version of this form.
5. 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.
6. The specific county and file number are **required** for every case for which you are requesting verification of expunction. If multiple cases were expunged, you must provide the county and file number for every case for which you need verification. The NCAOC will provide verification of expunction **only** for cases specifically identified on Side One.
7. If you do not know the county or file number(s) of the case(s) expunged, the NCAOC and the clerk of superior court cannot help you find them. You must provide the file number from your own records or from the records of any attorney who may have represented you on the expunction petition or in the original case(s).
8. If you are submitting this application for the purpose of pursuing a civil action against a private entity that has disclosed information about an expunged case(s) in violation of G.S. 15A-152 (in other words, if you are applying using the **second** APPLICATION section on Side One), then a copy of the private entity's disclosure of information about the expunged case(s) **must** be submitted with the application.
9. **You must include a self-addressed, stamped envelope with this application.** Any response to the application will be by U.S. Mail, using that envelope.
10. **DO NOT** call the NCAOC to ask about this application. 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 U.S. Mail, using your self-addressed, stamped envelope.
11. Send all applications by U.S. Mail to:

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