

Commonwealth	of Pennsylvania

Docket No: <u>CP- - - -20</u>

Petition for Expungement Pursuant to Pa.R.Crim.P. 490

AND NOW, the petitioner avers the following and requests that this petition for expungement pursuant to Pa.R.Crim.P. 490 be granted for the reasons set forth below.

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Full Name:			DOB:		Social Security Number:				
Address:			Alias(es):						
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Judge:				Address:					
Magisterial District Court Number:									
			sterial District Do	cket Numb	per:				
Name of Arresting Agency:				1	Date of Arrest:		Date on Citation	or Complai	
List name	and mailing	address of the	affiant as shown	on the cor	mplaint or citatio	n, if availa	ble:		
Name of Affiant:			•		Address:			•	
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			on the charging o	document,	to be expunged	and the di	sposition	of each charge	(please atta
	sheet(s) of p	aper if necessa	ary):				1	1	
PA Statute Title)	Section	Subsection	Statute Descripti	ion		Counts	Grade	Disposition	•
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] I have a	ttached a co	py of my Penn	sylvania State Po	olice Crimi	nal History which	h í have ol	otained w	rithin 60 days be	fore filing thi
] I have n	ot attached	a copy of my P	ennsylvania Stat	e Police Cı	riminal History.	State reaso	on(s) belo	ow:	
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	wledge or ir	nformation and	s that the facts d belief, and ar						
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