

In the Court of Common Pleas of Fayette County, Pennsylvania

Commonwealth of PA

vs.

No. _____ OF _____

Certificate of Presentation

- The Undersigned, _____, represents _____, the moving party herein.
- The attached motion will be presented in Motions Court on _____, _____, 20__ at 9:00am.
- The attached motion shall be classified as a Routine / Priority motion. (If the Motion is Routine, parties or counsel are not required to be present in Motions Court.)
- Judge _____ has been assigned or has previously ruled on a matter relevant to this motion. (See attached relevant ruling.)
- The SPECIFIC citation for the Court's authority to grant the relief requested is _____.
- Estimated time for hearing or argument to resolve the motion on its merits: _____.

Respectfully Submitted:

Date: _____

CERTIFICATE OF SERVICE

I do hereby certify that I am, on this day, serving the within document upon the persons and in the manner indicated below:

- Service in person:

Timothy Dye, Clerk of Courts
61 East Main Street
Uniontown, PA 15401

Michael Aubele, District Attorney
61 East Main Street
Uniontown, PA 15401

Karen Kuhn, Court Administrator
61 East Main Street
Uniontown, PA 15401

Respectfully Submitted,

By: _____

Date: _____

IN THE COURT OF COMMON PLEAS OF FAYETTE COUNTY, PENNSYLVANIA

COMMONWEALTH OF PENNSYLVANIA CRIMINAL DIVISION

vs.

No. _____

EXPUNGEMENT ORDER

AND NOW, this _____ day of _____, 20____, upon consideration of the Petition for Expungement Pursuant to Pa.R.Crim.P. 490____, it appearing that all of the requirements of the Rule have been completed with, the Court hereby GRANTS the Petition, and the following specific charges are HEREBY ORDERED to be EXPUNGED:

Petitioner's DOB: _____ SSN: _____

Petitioner's Address: _____

Date of Arrest: _____ Criminal Justice Agency: _____

Name and address of affiant: _____

OTN: _____

Magisterial District Court No. & Docket Number: _____

Court of Common Pleas Docket Number: _____

Charges to be Expunged: _____

Disposition: _____

FINES, COSTS, &/OR RESTITUTION OWED: _____

Reason for Expungement: _____

Criminal Justice Agencies to be served with Certified Copies of this Order:

District Attorney, Adult Probation, Fayette County Prison, Court Administrator, Central Repository,
Defendant, Attorney for Defendant, Administrative Office of Pennsylvania Courts MDJ:-
, Arresting Agency: _____

If no Joinder appears below, this Order shall be stayed for thirty (30) days pending an Appeal.

JOINDER: _____
Office of the District Attorney

BY THE COURT:

ATTEST:

CLERK OF COURTS

_____, J.
_____, JUDGE



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.

PETITIONER INFORMATION						
Full Name:		DOB:		Social Security Number:		
Address:		Alias(es):				
CASE INFORMATION						
List name, address of Judge of the Magisterial District or Philadelphia Municipal Court who accepted the guilty plea or heard the case:						
Judge:			Address:			
Magisterial District Court Number:						
Philadelphia Municipal Court or Magisterial District Docket Number:						
Name of Arresting Agency:			Date of Arrest:		Date on Citation or Complaint:	
List name and mailing address of the affiant as shown on the complaint or citation, if available:						
Name of Affiant:			Address:			
List specific charges, as they appear on the charging document, to be expunged and the disposition of each charge (please attach additional sheet(s) of paper if necessary):						
PA Statute (Title)	Section	Subsection	Statute Description	Counts	Grade	Disposition
If the sentence imposed included a fine, costs or restitution, has the amount due been paid? <input type="checkbox"/> Yes <input type="checkbox"/> No						
List the reason(s) for the expungement (please attach additional sheet(s) of paper if necessary):						
<input type="checkbox"/> I have attached a copy of my Pennsylvania State Police Criminal History which I have obtained within 60 days before filing this petition.						
<input type="checkbox"/> I have not attached a copy of my Pennsylvania State Police Criminal History. State reason(s) below:						

When this petition is filed with the Clerk of Courts, the petitioner shall serve a copy upon the attorney for the Commonwealth.

I, the undersigned petitioner, avers that the facts set forth in this petition are true and correct to the best of my personal knowledge or information and belief, and are made subject to the penalties of unsworn falsification to authorities under 18 Pa.C.S. § 4904.

Signature of Petitioner

Date