

VERSUS

DOCKET NO.
CITY COURT OF HAMMOND
SEVENTH WARD
PARISH OF TANGIPAHOA
STATE OF LOUISIANA
DY CLERK:

FILED:

MOTION FOR EXPUNGEMENT

NOW INTO COURT comes mover, who provides the court with the following information in connection with this request:

I. DEFENDANT INFORMATION

NAME: _____
(Last Name) (First Name) (Middle Initial)

DOB: ____ / ____ / ____ (MM/DD/YYYY)

GENDER _____ Female _____ Male

SSN (last 4 digits): XXX-XX-_____

RACE: _____

DRIVER LIC.# _____

ARRESTING AGENCY: _____

SID# (if available): _____

ARREST NUMBER (ATN): _____

AGENCY ITEM NUMBER: _____

II. ARREST INFORMATION

1. Mover was arrested ____ / ____ / ____ (MM/DD/YYYY)

2. YES NO A supplemental sheet with arrests and/or convictions is attached after page 2 of this Motion.

3. Mover was:

YES NO Arrested, but it did not result in conviction
YES NO Convicted of and seeks to expunge a misdemeanor
YES NO Convicted of and seeks to expunge a felony

4. Mover was booked and/or charged with the following offenses: (List each offense booked and charged separately. **Please number each item numerically beginning with Number 1.** Attach a supplemental sheet, if necessary.)

Yes No ARRESTS THAT DID NOT RESULT IN CONVICTION

ITEM NO. _____ La. Rev. Stat. Ann. § _____ : _____
Name of the offense _____

Time expired for prosecution ____ / ____ / ____ (MM/DD/YYYY) Not prosecuted for any offense arising out of this charge
Pre-trial Diversion Program
DWI Pre-Trial Diversion Program and 5 years have elapsed since the date of arrest
Charged dismissed
Found not guilty/judgment of acquittal

ITEM NO. _____ La. Rev. Stat. Ann. § _____ : _____
Name of the offense _____

Time expired for prosecution ____ / ____ / ____ (MM/DD/YYYY) Not prosecuted for any offense arising out of this charge
Pre-trial Diversion Program
DWI Pre-Trial Diversion Program and 5 years have elapsed since the date of arrest
Charged dismissed
Found not guilty/judgment of acquittal

ITEM NO. _____ La. Rev. Stat. Ann. § _____ : _____
 Name of the offense _____

 Time expired for prosecution ____/____/____ (MM/DD/YYYY) Not prosecuted for any offense arising out of this charge
 Pre-trial Diversion Program
 DWI Pre-Trial Diversion Program and 5 years have elapsed since the date of arrest
 Charged dismissed
 Found not guilty/judgment of acquittal

Yes No MISDEMEANOR CONVICTIONS

ITEM NO. _____ La. Rev. Stat. Ann. § _____ : _____
 Name of the offense _____

 Conviction set aside/dismissed ____/____/____
 Pursuant to C.Cr.P. Art. 894(B) (MM/DD/YYYY)
 More than 5 years have passed since complete of sentence.

ITEM NO. _____ La. Rev. Stat. Ann. § _____ : _____
 Name of the offense _____

 Conviction set aside/dismissed ____/____/____
 Pursuant to C.Cr.P. Art. 894(B) (MM/DD/YYYY)
 More than 5 years have passed since complete of sentence.

Yes No FELONY CONVICTIONS

ITEM NO. _____ La. Rev. Stat. Ann. § _____ : _____
 Name of the offense _____

 Conviction set aside/dismissed ____/____/____
 Pursuant to C.Cr.P. Art. 893(E) (MM/DD/YYYY)
 More than 5 years have passed since complete of sentence.

ITEM NO. _____ La. Rev. Stat. Ann. § _____ : _____
 Name of the offense _____

 Conviction set aside/dismissed ____/____/____
 Pursuant to C.Cr.P. Art. 894(B) (MM/DD/YYYY)
 More than 5 years have passed since complete of sentence.

Yes No OPERATING A MOTOR VEHICLE WHILE INTOXICATED CONVICTIONS

Mover has attached the following:

A certified letter of compliance in accordance with C.Cr.P. Art. 984 from the Department of Public Safety and Corrections, office of motor vehicles that it has received from the clerk of court a certified copy of the record of the plea, fingerprints of the defendant, and proof of the requirements set forth in C.Cr.P. Art. 556, which shall include the defendant's date of birth, last four digits of social security number, and driver's license number

5. Mover has attached to this Motion the following pertinent documents:

Criminal Background Check from the La. State Police/Parish Sheriff dated within the past 30 days (required).

Bill(s) of Information (if any).

Minute entry showing final disposition of case (if any).

Certification Letter from the District Attorney for fee waiver (if eligible).

Certification Letter from the District Attorney verifying that the applicant has no convictions or pending applicable criminal charge in the requisite time periods.

Certification Letter from the District Attorney verifying that the charges were refused.

Certification Letter from the District Attorney verifying that the applicant did not participate in a pretrial diversion program.

A copy of the order waiving the sex offender registration and notification requirements.

Yes **No** Mover was arrested with another individual.

The Mover prays that if there is no objection timely filed by the arresting law enforcement agency, the district attorney's office, or the Louisiana Bureau of Criminal Investigation and Information, that an order be issued herein ordering the expungement of the record of arrest and/or conviction set forth above, including all photographs, fingerprints, disposition, or any other such information, which record shall be confidential and no longer considered a public record, nor be made available to other persons, except a prosecutor, member of a law enforcement agency, or a judge who may request such information in writing, certifying that such request is for the purpose of prosecuting, investigating, or enforcing the criminal law, for the purpose of any other statutorily defined law enforcement or administrative duties, or for the purpose of the requirements of sex offender registration and notification pursuant to the provisions of R.S. 15:541, et seq. or as an order of this Court to any other person for good cause shown, or as otherwise authorized by law.

If an "Affidavit of No Opposition" by each agency named herein is attached hereto and made a part hereof, Defendant requests that no contradictory hearing be required and the Motion be granted ex parte.
Respectfully submitted,

Signature of Attorney for Mover/Defendant

Print Name of Attorney

Attorney's Bar Roll No.

Address

City, State ZIP Code

Telephone Number

If not represented by counsel:

Signature of Mover/Defendant

Print Name

Address

City, State, ZIP Code

Telephone Number