In the Court of Common Pleas County of Beaver] 36th Judicial District



Commonwealt	monwealth of Pennsylvar							
	V							
Docket No: CP-	-	-	-20					
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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:	Full Name: D			DOB:		Social Security Number:				
Address:				Alias(es):						
CASE INFORMATION										
List name, case:	address of Ju	udge of the Ma	agisterial District	or Philade	elphia Municipal	Court who	accepted	the guilty plea	or heard the	
Judge:				Address:						
Magisterial District Court Number:										
Philadelphi	a Municipal C	Court or Magis	terial District Do	cket Numb	per:					
Name of Arresting Agency:				Date of Arrest: Date on Citation or				or Complaint:		
List name a	and mailing a	ddress of the	affiant as shown	on the co	mplaint or citation	on, if availal	ole:			
Name of A	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 Descript	ion		Counts	Grade	Disposition		
(110)										
			L			1				
	-		e, costs or restit			•		☐ Yes	☐ No	
List the rea	ison(s) for the	e expungemen	nt (please attach	auditional	sneet(s) or pap	ei ii necess	aly).			
☐ I have a petition.	attached a co	py of my Peni	nsylvania State I	Police Crin	ninal History wh	ich I have o	btained \	within 60 days be	efore filing this	
☐ I have not attached a copy of my Pennsylvania State Police Criminal History. State reason(s) below:										
When this p	etition is file	d with the Cle	erk of Courts, tl	ne petition	ner shall serve	a copy upo	on the at	torney for the C	commonwealth.	
ersonal kno		nformation a						correct to the born falsification		
Signature of Petitioner Date										