## IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA CRIMINAL

	COMMONWEALTH OF PENNSYLVANIA	)		
	vs.	)	Docket Number	CP-39-
		)		
		)		
	Defendant	)		
	Petition for Expungement Pursuar	t to	Pa.R.Crim.P.Rule	<u>e 320</u>
]	Defendant,(Name of Defenda	nt)		, hereby moves the
Cou	art for an Order of Expungement, and in support t	here	of, represents as fol	lows:
1.	The Defendant's date of birth is			
2.	The Defendant's Social Security Number is			
3.	On, the Defe	ndaı	nt was charged with	ı
	(list all charge	s)		
4.	At the time of the arrest, the Defendant was pho	otogr	aphed, fingerprinte	d, and a record
	of the arrest was made by the			Police Department.
5.	The Offense Tracking Number (OTN) is			
6.	The Magisterial District Court Number for this	case	is 31-	

7.	The Magisterial District docket number is	
8.	The Common Pleas docket number is CP-39-	
9.	The charge(s) was disposed by Lehigh County Common Pleas Judge	
	at the Lehigh County Courthouse located (Name of Judge)	
	at 455 West Hamilton Street, Allentown, Pennsylvania.	
10.	The charge(s) was disposed by the Court in the following manner	
	Defendant was placed on the ARD Program, and he/she successfully completed the	
	prescribed program and complied with its conditions (Certification attached).	
11.	There exists no compelling interest or overriding societal interest in retaining and	
	maintaining the aforementioned records, reports, and fingerprints.	
12.	The presence of these records will be harmful to the Defendant's reputation, and is	
	likely to prejudice his/her employment and education.	
	WHEREFORE, the Defendant respectfully requests this Honorable Court to order	
the	expungement of all records pertaining to the aforementioned charge(s) under 18	
Pa.C	C.S.A. §9122.	
	RESPECTFULLY SUBMITTED:	
	.A. §9122.	
	Defendant's Current Address	
	Defendant's Day Time Phone No.:	

## **VERIFICATION**

The undersigned Defendant avers that the statements of fact combine	ned in					
this Motion for Expungement are true and correct to the best of the Defend	ant's					
knowledge, information, and belief, and are made subject to the penalties of	of 18 Pa.C.S.A.					
§ 4904 relating to unsworn falsification to authorities.	904 relating to unsworn falsification to authorities.					
Defendant's Signature	Date					

## 

Defendant:				
RE:				
Case No(s)	.""" <u>ER/5;</u> /			
		rtificate of Servi	ce	
	certify that I am this day serving ner of service satisfies the requir			r indicated below.
Name:				
	(Print Name)		(	Signature)
Service by	(Manner of Service)	as follows:	Dated:	
TO:				
	455 West Hamilton Street			
	Allentown, PA 18101			
(Attor	ney for Commonwealth – Name	, address & pho	ne number)	
Service by	(Manner of Service)	as follows:	Dated:	
TO:	Court Administration			
	455 West Hamilton Street			
	Allentown, PA 18101			
	610 782-3014			
(Cour	t Administrator – Title, address &	& phone number	·)	