

**MONTGOMERY COUNTY
BOARD OF COMMISSIONERS**

VALERIE A. ARKOOSH, MD, MPH, CHAIR
KENNETH E. LAWRENCE, JR., VICE CHAIR
JOSEPH C. GALE, COMMISSIONER



CLERK OF COURTS

MONTGOMERY COUNTY COURTHOUSE • PO Box 311
NORRISTOWN, PA 19404-0311

610-278-3346
FAX: 610-292-2153
WWW.MONTCOPA.ORG

LORI SCHREIBER
CLERK OF COURTS

JIMMY DIPLACIDO
FIRST DEPUTY

NADINE DEANGELIS
ASSISTANT DEPUTY

MELISSA JENKINS
ASSISTANT DEPUTY

**PETITION AND ORDER REQUIREMENTS FOR EXPUNGING CRIMINAL
RECORD FROM DISTRICT JUSTICE LEVEL PENNSYLVANIA RULE OF
CRIMINAL PROCEDURE 490**

PETITION AND ORDER MUST INCLUDE THE FOLLOWING INFORMATION:

- Defendant's name (and any alias) and address
- Defendant's date of birth
- Defendant's FULL social security number
- Magisterial District court docket number and OTN
- Magisterial District court number and address
- Specific charges as they appear on the charging documents to be expunged
 - This includes: statutes, description, grades, and disposition of charges
- Date of the citation, complaint, or arrest
- Name of the arresting agency and their address
 - Affiant means police officer
- Disposition of charges
- All Fines, Costs and Restitution have been paid in full (must be stated on the Order)
- Reason why the defendant is filing for the Expungement
- Copy of Pennsylvania State Police Criminal History Report performed within the past 60 days is required
- If confirmation from the agencies is desired, please include self-addressed stamped envelopes (SASE) for each Certified Copy
- A Filing Fee of \$161.75
- Payment for Certified Copies to be sent to the Agencies @ \$13.00 each
- Other: _____

- All payments must be made by Cash or Credit if in person or Attorney check or money order only. **NO** personal checks.
- **Please Note:** The Clerk of Courts Office will serve the Certified Copies to the agencies you listed. However, if you do not include self-addressed stamped envelopes for the notification from the agencies, the Petitioner and/or Attorney will need to follow up with the agencies.
- Original Petition and 3 copies are required when initially filing the expungement (if a Joinder is filed – you only need an original and one copy)
 - 1 copy is for the District Attorney
 - 1 copy is for Court Administration for a Court Hearing
 - 1 copy is for the Petitioner for their records
 - The Petitioner is responsible for serving the District Attorney and Court Administration a copy for a court hearing
- Any questions please call: Expungement Clerk – 610-278-5956

Criminal Justice Agencies: **Be specific** when adding them to the order.

1. District Attorney's Office of Montgomery County, Court House, Norristown, PA 19404-0311
2. Pennsylvania State Police Records & Identification Division, 1800 Elmerton Avenue, Harrisburg, PA 17109
3. District Court
4. Local Police Department

Legal Questions?

Legal Aid
625 Swede Street
Norristown, PA 19401
610-275-5400

Lawyer Referral
610-279-9660

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Expungement Certified Packets

	Certified Copies	Copies	Subtotal	Expungement Fee	Expungement Act 5	Total
1 Packet	\$ 11.00	\$ 2.00	\$ 13.00	\$ 29.75	\$ 132.00	\$ 174.75
2 Packets	\$ 22.00	\$ 4.00	\$ 26.00	\$ 29.75	\$ 132.00	\$ 187.75
3 Packets	\$ 33.00	\$ 6.00	\$ 39.00	\$ 29.75	\$ 132.00	\$ 200.75
4 Packets	\$ 44.00	\$ 8.00	\$ 52.00	\$ 29.75	\$ 132.00	\$ 213.75
4 Packets	\$ 55.00	\$ 10.00	\$ 65.00	\$ 29.75	\$ 132.00	\$ 226.75
6 Packets	\$ 66.00	\$ 12.00	\$ 78.00	\$ 29.75	\$ 132.00	\$ 239.75
7 Packets	\$ 77.00	\$ 14.00	\$ 91.00	\$ 29.75	\$ 132.00	\$ 252.75
8 Packets	\$ 88.00	\$ 16.00	\$ 104.00	\$ 29.75	\$ 132.00	\$ 265.75
9 Packets	\$ 99.00	\$ 18.00	\$ 117.00	\$ 29.75	\$ 132.00	\$ 278.75
10 Packets	\$ 110.00	\$ 20.00	\$ 130.00	\$ 29.75	\$ 132.00	\$ 291.75
11 Packets	\$ 121.00	\$ 22.00	\$ 143.00	\$ 29.75	\$ 132.00	\$ 304.75
12 Packets	\$ 132.00	\$ 24.00	\$ 156.00	\$ 29.75	\$ 132.00	\$ 317.75
13 Packets	\$ 143.00	\$ 26.00	\$ 169.00	\$ 29.75	\$ 132.00	\$ 330.75
14 Packets	\$ 154.00	\$ 28.00	\$ 182.00	\$ 29.75	\$ 132.00	\$ 343.75
15 Packets	\$ 165.00	\$ 30.00	\$ 195.00	\$ 29.75	\$ 132.00	\$ 356.75

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AGENCIES WHICH MAY HAVE RECORDS

- **Adult Probation & Parole Department** – Attn: Chief Probation Officer, 408 Cherry Street, Norristown, PA 19401
- **District Attorney of Montgomery County** - Attn: Chief Clerk, Court House,, 4th Floor, PO Box 311, Norristown, PA 19404-0311
 - **Please Note:** Since the **Montgomery County Detectives Bureau** is part of the **District Attorney's Office**, the **District Attorney's Office** has custody of their files and there is no need to separately serve both entities.
- **DUI Administration** – Attn: Executive Director, 408 Cherry Street, Norristown, PA 19401
- **Magisterial District Justice** – Address is found on the Docket Transcript. A copy of the Docket Transcript must be included.
- **Montgomery County Correctional Facility** –Attn: Warden, 60 Eagleville Road, Eagleville, PA 19403 (if defendant was ever incarcerated for this case).
- **Montgomery County Sheriff's Department** – Attn: Sheriff, Court House, 1st Floor, PO Box 311, Norristown, PA 19404-0311
- **PA State Records & Identification Division** – 1800 Elmerton Ave., Harrisburg PA 17109
- **Local Police Department** - Address is found on the Docket Transcript. A copy of the Docket Transcript must be included
- **Prothonotary** – Prothonotary's Office, Montgomery County Court House, 1st Floor, P O Box 311, Norristown, PA 19404-0311

Please Note: This sheet cannot be used as part of your petition. If you need more space to write out the agencies on the order that you wish to serve, you can attach a separate sheet of paper to attach to your filing.

The Clerk of Courts Office cannot tell you or help you in anyway of who you should serve the order of expungement to.

- To insure a response from each agency, please enclose self-addressed stamped envelopes.

Commonwealth of Pennsylvania

v.

IN THE COURT OF COMMON PLEAS OF
_____ COUNTY,

PENNSYLVANIA

CRIMINAL DIVISION

DOCKET NO: _____

ORDER

AND NOW, this ____ day of _____, 2____, after consideration of the
_____ presented by _____,
it is ORDERED that the Petition/Motion is _____.

- The criminal charges in the above-captioned case specified below are dismissed.
- The defendant's arrest record regarding these charges shall be expunged. Further, it is ORDERED that the arresting agency shall destroy all criminal records, fingerprints, photographic plates and photographs pertaining to the charge(s) specified below, which resulted from the arrest(s) of _____.
- In addition, all criminal justice agencies upon which this order is served shall expunge and destroy the official and unofficial arrest and other criminal records, files and other documents pertaining to the captioned proceedings.

The information required under Pa.R.Crim.P. 490 appears on the attached page(s) which is hereby incorporated into this ORDER by reference.

BY THE COURT:

Pursuant to Pa.R.Crim.P. 490, the following information is provided:

1. Petitioner Name:
2. Alias(es):
3. Petitioner's Address:
4. Petitioner's Date of Birth: / /
5. Petitioner's Social Security Number: - -
6. Name and address of the judge of the Magisterial District or Philadelphia Municipal Court who accepted the guilty plea or heard the case:

7. Name and mailing address of the affiant as shown on the complaint or citation, if available:

8. Magisterial District Court number:
9. Docket Number:
10. The date on the citation or complaint, or the date of arrest, and if available, the criminal justice agency that made the arrest:

11. The specific charges, as they appear on the charging document, to be expunged and applicable dispositions (attach additional sheets if needed):

12. If the sentence includes a fine, costs, or restitution, whether the amount due has been paid:

13. The reason for expungement:

14. The criminal justice agencies upon which certified copies of the order shall be served:



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:
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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? Yes No

List the reason(s) for the expungement (please attach additional sheet(s) of paper if necessary):

I have attached a copy of my Pennsylvania State Police Criminal History which I have obtained within 60 days before filing this petition.

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