

APPLICATION FOR EXPUNGEMENT

PLEASE PRINT ALL INFORMATION ON THIS FORM LEGIBLY AND SIGN YOUR NAME AT THE BOTTOM

FULL LEGAL NAME: _____

NAME AS IT APPEARS ON
WARRANT/TICKET/INDICTMENT: _____

(this may include maiden, alias & nicknames)

CHARGE (S) YOU ARE APPLYING TO GET EXPUNGED _____

RACE: _____ SEX: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS:

PHONE NUMBERS: HOME: _____ WORK: _____
CELL: _____

I understand the following:

An application does not guarantee that I can have a charge removed from my criminal record. Only a thorough research of my criminal record will reveal if I am eligible. I understand that I may hire an attorney to assist me.

When I use the Solicitor's Office to prepare and process my request for expungement, the administrative fee of \$250.00 to the Office of the Solicitor is non-refundable;

I hereby acknowledge that I have read and understand the instructions for Expungement Orders, eligibility and fees, and the Application for Expungement as administered by the Twelfth Circuit Solicitor's Office 180 North Irby Street, Box Q, Florence, South Carolina 29501.

It may be possible that outside private entities may obtain a copy of your record and publish it but this is beyond our control.

Defendant

Date