

Cause Number: _____
(The Clerk's Office gives you the Cause Number when you file the Petition.)

Ex Parte: _____ **In the** _____ **District Court**
_____ *Court Number* **Municipal Court**
(Your initials. Example: M.K.S.) *The Clerk's Office gives you the* **Justice Court**
Court Number when you file the
Petition.

An Adult _____ **County, Texas**
(County where arrest/charges occurred)

Order Granting Expunction of Criminal Records

Today, the Court considered Petitioner's Petition for Expunction of Criminal Records. The Court finds that it has jurisdiction over this case. The Court further finds and orders as follows:

1. Information about Petitioner

The Court finds that Petitioner's information is as follows:

- a. Full Name: _____.
- b. Race: _____.
- c. Gender: Male Female Other _____
- d. Date of Birth: ____/____/_____.
- e. Driver's License Number: _____ State: _____
or Petitioner does not have a driver's license number.
- f. State identification (SID) number is: _____ State: _____
or Petitioner does not have a state identification (SID) number.
- g. Social Security Number: _____
or Petitioner does not have a social security number.

2. Information about Respondents

The Court finds that the following Respondents have been properly served by the Clerk of this Court as required by law:

State Databases of Criminal Records

Texas Department of Public Safety, Crime Records Service (MSC0234) For itself and for:

Federal Bureau of Investigation, Identification Section

National Crime Information Center

Texas Crime Information Center
Governor's Division of Emergency Management
State Operations Center/Preparedness Section
Texas Fusion Center
Any other entity that purchases Department of Public Safety records
Attn: Expunction of Records
P.O. Box 4143
Austin, TX 78765

Texas Department of Criminal Justice
Community Justice Assistance Division
Attn: Expunction of Records
209 W. 14th Street, Suite 400
Austin, TX 78701

Any Law Enforcement Agency Involved in the Arrest

(List the name and address of the arresting agency or agencies involved in your arrest.)

Name of Agency: _____
Attn: Expunctions
Physical Address: _____
Email Address: _____

Name of Agency: _____
Attn: Expunctions
Physical Address: _____
Email Address: _____

Name of Agency: _____
Attn: Expunctions
Physical Address: _____
Email Address: _____

Name of Agency: _____
Attn: Expunctions
Physical Address: _____
Email Address: _____

Name of Agency: _____
Attn: Expunctions
Physical Address: _____
Email Address: _____

(Check these boxes **only** if the TABC was involved in the arrest. Include the address for the TABC District Office where the arrest took place.)

Texas Alcoholic Beverage Commission
Headquarters Facility
5806 Mesa Drive
Austin, TX 78731

Texas Alcoholic Beverage
Commission District Office

location: _____

Any Jail Where You Were Taken

(List the name and address of all jail(s) to which you were taken, if any.)

Name of Jail: _____
Attn: Expunctions
Mailing Address: _____

Name of Jail: _____
Attn: Expunctions
Mailing Address: _____

Name of Jail: _____
Attn: Expunctions
Mailing Address: _____

Name of Jail: _____
Attn: Expunctions
Mailing Address: _____

Any Court that Handled the Case

(List the name and address of all courts that handled your case.)

Name of Court: _____
Attn: Expunctions
Mailing Address: _____

Name of Court: _____
Attn: Expunctions
Mailing Address: _____

Name of Court: _____
Attn: Expunctions
Mailing Address: _____

Court Clerk's Office

(List the name and address for all Court Clerk's Offices for every court you listed above.)

Court Clerk Name: _____

Court Clerk Title: (e.g., District Court Clerk) _____

Attn: Expunctions

Mailing Address: _____

Court Clerk Name: _____

Court Clerk Title: (e.g., District Court Clerk) _____

Attn: Expunctions

Mailing Address: _____

Court Clerk Name: _____

Court Clerk Title: (e.g., District Court Clerk) _____

Attn: Expunctions

Mailing Address: _____

Magistrates

(List the name and address for all Magistrates that handled your case, if any.)

Magistrate Name: _____

Attn: Expunctions

Mailing Address: _____

Magistrate Name: _____

Attn: Expunctions

Mailing Address: _____

County Information and Technology Services Department

(Check the box **only** if your case was in Travis County. For other counties, list below.)

Travis County Information Technology Services

Attn: Expunction of Records

700 Lavaca, 5th Floor

Austin, TX 78701

IT Department Name: _____

Attn: Expunctions

Mailing Address: _____

IT Department Name: _____

Attn: Expunctions

Mailing Address: _____

County Treasurer

(List the name and address for the Treasurer of the County where you were arrested. This is to remove records of any fines or court costs you may have paid. Check the box **only** if you paid fines or fees in Travis County. For other counties, list below.)

Travis County Treasurer
Attn: Expunctions
700 Lavaca, Ste 1-300
Austin, TX 78701

County Treasurer Name: _____
County: _____
Attn: Expunctions
Mailing Address: _____

Jail Release

(If you were interviewed for a personal bond, or if you received a personal bond or a cash deposit bond. Check this box **only** if you have a Travis County case. For other counties, locate the address of the Pretrial Services, if applicable, and list below.)

Pretrial Services
Blackwell-Thurman Criminal Justice Center
PO Box 1748
Austin, TX 78767

Pretrial Services
Attn: Expunctions
Mailing Address: _____

Community Supervision and Corrections Department / Adult Probation

(If you successfully completed a pre-trial diversion program. Check the box **only** if you completed pre-trial diversion in Travis County. For other counties, list below.)

Pre-trial Diversion Program
Community Supervision and Corrections
PO Box 1748
Austin, TX 78767

Program Name: (e.g., Pre-trial Diversion Program) _____
Attn: Expunctions
Mailing Address: _____

Program Name: (e.g., Pre-trial Diversion Program) _____
Attn: Expunctions
Mailing Address: _____

Counseling and Education Services

(Check this box **only** if you received a substance abuse evaluation with Travis County Counseling and Education Services. For other counties where you were required to be evaluated, list below.)

Travis County Counseling and Education Services
PO Box 1748
Austin, TX 78767

Program Name: _____
Attn: Expunctions
Mailing Address: _____

State Licensing Agency

(If you had to report the arrest to any state licensing agencies, list those agencies here.)

Agency Name: _____
Attn: Expunctions
Mailing Address: _____

Agency Name: _____
Attn: Expunctions
Mailing Address: _____

Agency Name: _____
Attn: Expunctions
Mailing Address: _____

Public Employer

(If you have any public employers that have your arrest record, such as a school district, list those employees here. Do not list private employers.)

Employer Name: _____
Attn: Expunctions
Mailing Address: _____

Employer Name: _____
Attn: Expunctions
Mailing Address: _____

Additional Agencies

(List any additional agencies involved in your **arrest #1**.)

Agency Name: _____
Attn: Expunctions
Mailing Address: _____

Email Address: _____

Agency Name: _____

Attn: Expunctions

Mailing Address: _____

Email Address: _____

Agency Name: _____

Attn: Expunctions

Mailing Address: _____

Email Address: _____

Agency Name: _____

Attn: Expunctions

Mailing Address: _____

Email Address: _____

Agency Name: _____

Attn: Expunctions

Mailing Address: _____

Email Address: _____

Agency Name: _____

Attn: Expunctions

Mailing Address: _____

Email Address: _____

Agency Name: _____

Attn: Expunctions

Mailing Address: _____

Email Address: _____

(Check **only** if applicable.)

The Court finds that the Respondents listed in the attached **Additional Respondents Exhibit** have been properly served by the Clerk of this Court as required by law and orders that the attached **Additional Respondents Exhibit** is fully incorporated into this Order.

3. Expunction of the following Arrest

The Court finds that Petitioner is entitled to expunction of the following arrest:

a. Petitioner's DPS tracking incident number for this arrest is: _____

or No TRN assigned.

b. Petitioner was arrested on ____/____/____.

c. Petitioner was arrested in: _____.
City (if applicable) County State

d. Petitioner was arrested by this law enforcement agency:
_____.

e. Petitioner's address at the time of this arrest was:

Street Address City State Zip

The Court finds that **no** charges arising from this arrest have been filed and the statutory waiting period or statute of limitation expired before Petitioner filed its Petition for Expunction of Criminal Records:

1st Offense: _____

Date offense allegedly occurred: ____/____/_____.

2nd Offense: _____

Date offense allegedly occurred: ____/____/_____.

3rd Offense : _____

Date offense allegedly occurred: ____/____/_____.

4th Offense : _____

Date offense allegedly occurred: ____/____/_____.

4. Expunction of Additional Arrest or Arrests

(Check **only** if applicable.)

The Court finds that Petitioner is entitled to expunction of the arrest or arrests listed in the attached: (Check all that apply.)

Additional Arrest Exhibit A which is fully incorporated into this Order.

Additional Arrest Exhibit B which is fully incorporated into this Order.

Additional Arrest Exhibit C which is fully incorporated into this Order.

5. Orders

For purposes of this Order, the phrase "all records and files pertaining to the arrest" includes records and files that were generated by Respondents during this expunction proceeding, including the copies of the Petition and of this Order that are served on each Respondent.

It is therefore **ordered, adjudged, and decreed** that all records and files pertaining to the arrest or arrests listed in this Order be expunged. Related arrests of the same or similar charge, date, or arresting agency not specifically listed herein are excluded from this Order. However, records of such unexpunged arrests that would not have been generated except for the expunged arrest are ordered expunged.

Records and files pertaining to the expunged arrest shall be expunged by delivering them to the Clerk of this Court, in a sealed envelope, by hand-delivery or mail to:

District Clerk of _____ County, Texas

Address: _____

Each Respondent named above shall attach a certificate to the sealed envelope certifying that the enclosed records are all the records that the Respondent possesses that are subject to the Order. If returning records expunged by this Order to the Clerk is impractical, records pertaining to the arrest may be expunged by the Respondent by obliterating or destroying said records; and then by deleting from its public records all index references to the records and files that are subject to this Order. The Respondent shall then send a certificate to the Clerk certifying that the records have been obliterated or destroyed.

Videotapes and audiotapes shall be expunged by erasure.

Records that pertain both to this arrest and to other arrests that are not included in this Order, and which would have been generated even if the expunged arrest(s) had not been made, shall be obliterated by covering with tape, liquid paper, or other opaque substance insofar as they pertain to arrests that are the subject of this Order.

The Texas Department of Public Safety shall forward this Order to any and all central federal depositories of criminal records and request that they return or destroy the records pertaining to the expunged arrest(s). The Texas Department of Public Safety shall also certify that it has requested any and all central federal depositories of criminal records to return all records and files subject to this Order.

It is further **ordered** that the Texas Department of Public Safety, by secure electronic mail, electronic transmission, or facsimile transmission, provide notice of this Order, together with an explanation of this Order and instruction to the entity to destroy all records and information subject to this Order, to the following:

1. The current list of all customers who have purchased the Computerized Criminal History Database, as maintained by the Texas Department of Public Safety, Crime Records Service.
2. All private entities who have purchased criminal history record information from the Department of Public Safety within the ten (10) years preceding the date of this Petition.
3. Any private entity which notifies the Department of Public Safety that it sells or has sold any compilation of criminal history record information to another similar entity, and any similar entity as having purchased such information from a private entity. Texas Govt. Code Sec 411.0851(b)(2).
4. All entities listed in the attached "Private Entity List."

All state agencies that sent information concerning the instant arrest to a central federal depository are **ordered** to request that the depository return all records and files subject to this Order.

The Clerk of this Court shall certify when the Order is final and shall mail certified copies of the certification: 1) to District or County Attorney's Office; 2) to the Petitioner; and 3) by certified mail, return receipt requested, to all other Respondents.

It is further **ordered** that the Clerk of the Court maintain any and all records returned pursuant to this Order in a manner not subject to public view and provide the entire expunction file to Petitioner upon request. If Petitioner does not request the file, the Clerk shall destroy all such records, including the records of this expunction proceeding, when one year has passed from the date of this Order.

Pursuant to the Code of Criminal Procedure Article 55.03, the maintenance, release, dissemination, or use of the records, for any purpose, expunged herein, is prohibited. Petitioner may deny the occurrence of the arrest referred to herein and the existence of this Order of Expunction, unless questioned under oath in a criminal proceeding, in which case the Petitioner may state only that the matter in question has been expunged.

Signed on _____

Judge Presiding

Approved as to form and substance:

Petitioner