

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**
The Clerk's Office gives you the **Justice Court**
Court Number when you file the
Petition.

(Your initials. Example: M.K.S.)

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

Petition for Expunction of Criminal Records (Charges not filed)

I respectfully ask the Court to order the expunction of all criminal records and files arising out of my arrest or arrests described in this Petition. This Petition is filed pursuant to Texas Code of Criminal Procedure Article 55.

1. Information about Petitioner

My name is: _____
(Print full legal name)

I have also been known by the following names and aliases: *(Include prior names, nicknames, and aliases--especially if your arrest records reflect a different name than your current full legal name. Leave blank if you do not have any aliases or prior names.)*

My gender is: Male Female Other _____

My race is: _____
(Use DPS description if available.)

My date of birth is: _____/_____/_____
Month Day Year

My driver's license number is: _____ State: _____

or I do not have a driver's license number.

My state identification (SID) number is: _____ State: _____

or I do not have a state identification (SID) number.

My social security number is: _____

or I do not have a social security number.

2. Information about Petitioner’s Arrest #1

I was arrested on: _____ / _____ / _____ (Exact date as listed on arresting agency’s paperwork)
Month Day Year

I was arrested by this law enforcement agency:

(List the arresting agency and not an individual officer’s name; example: Austin Police Department.)

I was arrested in _____, _____ County, Texas.
City County

My address at the time of this arrest was:

Street Address City State Zip

My DPS tracking incident number for this arrest is: _____

or No TRN assigned.

3. Information about Charge or Charges (not filed) against Petitioner, Arrest # 1

1st Offense Charged: _____
(Describe exactly as written by DPS.)

- a. Cause number: _____
- b. Court: _____
- c. Date offense allegedly occurred: _____ / _____ / _____
Month Day Year
- d. No information or indictment charging me with the commission of an offense was ever presented at any time following the arrest, **and:** (Check the applicable box.)
 - d(1) the offense is punishable as a Class C misdemeanor, and at least 180 days have elapsed from the date of arrest; **or**
 - d(2) the offense is punishable as a Class A or Class B misdemeanor and at least one year has elapsed from the date of arrest; **or**
 - d(3) the offense is punishable as a felony and at least three years have elapsed from the date of arrest; **or**
 - d(4) the statute of limitation for this offense has passed before the filing of this petition.

(If there were no additional offenses resulting from this arrest, skip to “4. Information About Other Arrest(s) is Attached.”)

2nd Offense Charged: _____
(Describe exactly as written by DPS.)

- a. Cause number: _____
- b. Court: _____

- c. Date offense allegedly occurred: _____ / _____ / _____
Month Day Year
- d. No information or indictment charging me with the commission of an offense was ever presented at any time following the arrest, **and:** *(Check the applicable box.)*
- d(1) the offense is punishable as a Class C misdemeanor, and at least 180 days have elapsed from the date of arrest; **or**
- d(2) the offense is punishable as a Class A or Class B misdemeanor and at least one year has elapsed from the date of arrest; **or**
- d(3) the offense is punishable as a felony and at least three years have elapsed from the date of arrest; **or**
- d(4) the statute of limitation for this offense has passed before the filing of this petition.

(If there were no additional offenses resulting from this arrest, skip to "4. Information About Other Arrest(s) is Attached.")

3rd Offense Charged: _____
(Describe exactly as written by DPS.)

- a. Cause number: _____
- b. Court: _____
- c. Date offense allegedly occurred: _____ / _____ / _____
Month Day Year
- d. No information or indictment charging me with the commission of an offense was ever presented at any time following the arrest, **and:** *(Check all that apply.)*
- d(1) the offense is punishable as a Class C misdemeanor, and at least 180 days have elapsed from the date of arrest; **or**
- d(2) the offense is punishable as a Class A or Class B misdemeanor and at least one year has elapsed from the date of arrest; **or**
- d(3) the offense is punishable as a felony and at least three years have elapsed from the date of arrest; **or**
- d(4) the **statute of limitation for this offense has passed** before the filing of this petition.

(If there were no additional offenses resulting from this arrest, skip to "4. Information About Other Arrest(s) is Attached.")

4th Offense Charged: _____
(Describe exactly as written by DPS)

- a. Cause number: _____
- b. Court: _____
- c. Date offense allegedly occurred: _____ / _____ / _____
Month Day Year

- d. No information or indictment charging me with the commission of an offense was ever presented at any time following the arrest, **and:** *(Check the applicable box.)*
- d(1) the offense is punishable as a Class C misdemeanor, and at least 180 days have elapsed from the date of arrest; **or**
 - d(2) the offense is punishable as a Class A or Class B misdemeanor and at least one year has elapsed from the date of arrest; **or**
 - d(3) the offense is punishable as a felony and at least three years have elapsed from the date of arrest; **or**
 - d(4) the statute of limitation for this offense has passed before the filing of this petition.

(If there were no additional offenses resulting from this arrest, skip to "4. Information About Other Arrest(s) Is Attached.")

4. Information about Other Arrest(s) Is Attached

(If you want the Court to expunge other arrests, check this box and attach the [Additional Arrest Exhibit \(Charges not filed\)](#) form to this Petition. If you do not have other arrests you want the Court to expunge, do not check this box.)

I also ask the court to order the expunction of all records and files arising out of _____ *(number of other arrests)* other arrests. Information about each additional arrest is an attached exhibit.

5. Petitioner Is Entitled to an Order of Expunction for Arrest (and Other Arrests)

I am entitled to have all records and files arising out of Arrest #1 and other arrests expunged because:

- a. I was released after this arrest, **and**
- b. I have not been finally convicted of any offense arising out of this arrest, **and**
- c. There are no charges currently pending against me from this arrest, **and**
- d. I was not placed on court ordered supervision (probation) for this arrest under Texas Code of Criminal Procedure Article 42.12 (unless the offense charged was a class C misdemeanor), **and**
- e. I was not released on a conditional discharge under the Controlled Substances Act *(note: only applicable to controlled substance charges brought prior to September 1, 1991)*, **and**
- f. I did not intentionally or knowingly jump bail after being released on bail following my arrest.

6. Agencies with Records of My Arrest #1

I have reason to believe that the following named law enforcement agencies, officials, and public entities have files or records subject to expunction and should be served with notice of this Petition:

*(List the **names** and **addresses** of all law enforcement agencies, officials, and public entities that may have files or records of your arrest. If you aren't sure which agencies you should list in your petition, talk with a lawyer. Attach additional sheets if necessary.)*

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: _____

*(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

(List the name and address for IT Services Department for the County where you were arrested.)

*(Check this box **only** if you have a Travis County case.)*

Travis County Information Technology Services
Attn: Expunction of Records
700 Lavaca, 5th Floor
Austin, TX 78701

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: _____

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: _____

7. Private Entities with Records of My Arrest(s)

I have reason to believe the following private entities compile and disseminate criminal history information for compensation and have information relating to records or files that are subject to expunction.

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.
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 Government Code Section 411.0851(b)(2).
4. All entities listed in the "Private Entity List" if such document is attached to this Petition. (You can find a [Private Entity List](#) form on [TexasLawHelp](#).)

8. Request for Relief

I ask the Court to set this case for hearing no earlier than 30 days from the date I file this Petition. I ask the Court to give reasonable notice of the hearing to each official or agency or other entity named in Paragraph 6 as required by Texas Code of Criminal Procedure, Article 55.02, Section 2.

After the hearing, I ask the Court to order each law enforcement agency, official, or entity named in this Petition or the attached Exhibits to:

1. Return all records and files arising from my arrest or arrests listed in this Petition to the Court for delivery to me; or if removal and return of the records is not practical, to destroy all portions of the record or file that identify me and advise the Court of its action, and
2. Delete from its public records all index references to the records and files that are subject to the expunction order, and
3. Request any federal agencies or central depositories which have been supplied information concerning this matter to either delete or obliterate all references to me and this matter or return all records and files subject to the expunction order to this Court for destruction, and
4. Order the Clerk of the Court to send a certified copy of the Order by certified mail, return receipt requested, to each official, agency or other entity named in this Petition.

Additionally, I ask the Court to order the Department of Public Safety to provide notice of the expunction order to any private entity that is named in the order and to any private entity that purchases criminal history record information from the Department, as provided in Texas Code of Criminal Procedure, Art. 55.02, Section 3 (c-2).

I ask the Court for general relief.

Respectfully submitted,

Petitioner's Signature

Date

Petitioner's Printed Name

Phone

Mailing Address City State Zip

Email:

Fax: (If available)

9. Declaration Made under Penalty of Perjury

I make this Unsworn Declaration under penalty of perjury in place of verification as allowed by Texas Civil Practices and Remedies Code Section 132.001.

My name is: _____.

My date of birth is: _____.
Month Day Year

My current address is: _____.
Street Unit City State ZIP Code Country

I declare under penalty of perjury that all information in this Petition for Order of Expunction (Charges not filed) and attached Exhibits is true and correct. I understand I could be prosecuted for lying on this form.

Formally signed under penalty of perjury in _____ County, Texas,
(County you are in when signing)

on this date: _____.
Month Day Year

Petitioner's Signature