STATE OF LOUISIANA					NO DIV		
VERSUS				JUDICIAL DISTRICT COURT			
					PARISH OF STATE OF LOUISIANA		
		I	MOTION F	OR INTERIN	A EXPUNGEM	1ENT	
inform			JRT comes n with this r	-	ovides the court	t with the following	
I. DEI	FENDAN	r info	RMATION	1			
	E:						
INAMI				(First Name)		(MI)	
DOB:		/	/	(MM/I	DD/YYYY)		
GENE	DER:	_ Female	eMal	e			
SSN (last 4 digit	s): XXX	-XX				
RACE	E:						
DRIV	ER LIC.#:						
ARRE	ESTING A	GENCY	:				
SID# ((if availabl	e):					
ARRE	EST NUMI	BER (A	ΓN):				
AGEN	NCY ITEM	I NO:					
arrest in sup	pursuant to				•	the felony charge(s) of his 35.1 and states the following	
II. AR	REST IN	FORM	ATION				
1.	Mover w	as arrest	ed on	/	(MM/DD	O/YYYY)	
2.	YI	ES	NO		al sheet with arn page 2 of this M	rests and/or convictions is Motion.	
3.		as: ES ES	NO NO		felony offense. a misdemeanor	arising out of that felony	
4.	and charg	ged sepa	rately. Pleas		h item numerio	ses: (List each offense booked cally beginning with	
	Yes	No			THAT RESUI	LTED IN A	
ITEM	I NO		Rev. Stat. ame of the o				
				rge dismissed. of misdemeand		/ (MM/DD/YYYY) g out of felony arrest.	

5. Mover has attached to his Motion a criminal background check from the Louisiana State Police/Parish Sheriff dated within the past sixty days (required).

The mover prays that if there is no objection timely filed by the arresting law enforcement agency, the District Attorney's Office, or the Louisiana Bureau of Criminal Identification and Information, that an order be issued herein ordering the Louisiana Bureau of Criminal Identification and Information to expunge the entry of the felony charge(s) listed contained in the criminal history; and further that the Clerk of Court, District Attorney, and arresting law enforcement agency expunge the entry of those felony charge(s) from any public indices.

If an "Affidavit of No Opposition" by each agency named herein is attached hereto and made a part hereof, Defendant requests that no contradictory hearing be required and the Motion be granted ex parte.

Respectfully submitted,
Signature of Attorney for Mover/Defendant
Print Name of Attorney
Attorney's Bar Roll No.
Address
City, State, ZIP Code
Telephone Number
If not represented by counsel:
Signature of Mover/Defendant
Print Name
Address
City, State, ZIP Code
Telephone Number