



STATE OF RHODE ISLAND

SUPERIOR COURT

MOTION TO EXPUNGE OR SEAL RECORD - FELONY

State of Rhode Island v. Defendant	Case Number Bureau of Criminal Identification Number
<input type="checkbox"/> Murray Judicial Complex Newport County 45 Washington Square Newport, Rhode Island 02840-2913	<input type="checkbox"/> Noel Judicial Complex Kent County 222 Quaker Lane Warwick, Rhode Island 02886-0107
<input type="checkbox"/> McGrath Judicial Complex Washington County 4800 Tower Hill Road Wakefield, Rhode Island 02879-2239	<input type="checkbox"/> Licht Judicial Complex Providence/Bristol County 250 Benefit Street Providence, Rhode Island 02903-2719

Now comes the Defendant and requests that the above-referenced case containing the following charge(s) be **expunged** **sealed**.

1. Count(s):	2. Charge(s):	3. Disposition(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

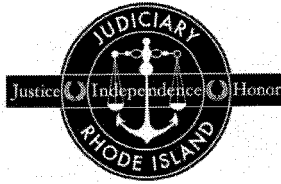
Wherefore, the Defendant respectfully moves this honorable court that:

- Pursuant to G.L. 1956 § 12-1-12, any fingerprints, photographs, physical measurements, or other record of identification taken by the Office of the Attorney General or any other authorized law enforcement agency shall be **destroyed**, all records of the Bureau of Criminal Identification (BCI) shall be **sealed**, and all court records shall be **sealed** in accordance with G.L. 1956 § 12-1-12.1.
- All records and records of conviction relating to the conviction of the above-referenced case be **expunged** and all index and other references to it removed from public inspection pursuant to G.L. 1956 § 12-1.3-3(c) or (e).

An Affidavit is submitted in support of this motion. This motion is called for a hearing on _____ at _____ in courtroom _____ at the court location listed above.

I hereby certify that pursuant to G.L. 1956 § 12-1-12.1(b) or § 12-1.3-3(a), on _____, the Office of the Attorney General and the _____ Police Department, which originally brought this charge, have been notified of this motion and court date at least ten (10) days prior to the hearing date.

/s/ _____ Attorney for the Defendant or the Defendant	Rhode Island Bar Number:
	Date:



STATE OF RHODE ISLAND

SUPERIOR COURT

AFFIDAVIT IN SUPPORT OF MOTION TO EXPUNGE OR SEAL RECORD - FELONY

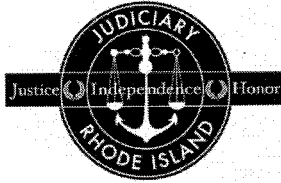
State of Rhode Island v. Defendant	Case Number <hr/> Bureau of Criminal Identification Number
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I, the undersigned, do hereby, under oath, make this affidavit in support of my Motion to Expunge or Seal Record:

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- | | |
|-------------------------------|--|
| <i>Part One:</i> | <input type="checkbox"/> That I was charged with the crime(s) listed in Box 2 of the motion. |
| <i>Acquittals, Dismissals</i> | <input type="checkbox"/> That I was acquitted or otherwise exonerated of this offense(s).
<input type="checkbox"/> That the case was dismissed against me.
<input type="checkbox"/> That I have not been previously convicted of a felony.
<input type="checkbox"/> That I have satisfied in full any and all outstanding court-imposed and/or court-related fines, fees, costs, assessments, and/or charges. |

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- | | |
|--------------------------------------|--|
| <i>Part Two:</i> | <input type="checkbox"/> That I was charged with the crime listed in Box 2 of the motion. |
| <i>Single, Conviction, Probation</i> | <input type="checkbox"/> That I received the disposition listed in Box 3 of the motion.
<input type="checkbox"/> That the disposition listed in Box 3 of this motion is not a conviction for a crime of violence.
<input type="checkbox"/> That I have not been convicted of more than one (1) felony preceding the filing of this motion.
<input type="checkbox"/> That it has been more than ten (10) years from the date of the completion of my last sentence.
<input type="checkbox"/> That in the ten (10) years preceding the filing of this motion, I have not been convicted of nor arrested for any felony or misdemeanor.
<input type="checkbox"/> That there are no criminal proceedings pending against me, and I have exhibited good moral character.
<input type="checkbox"/> That I have satisfied in full any and all outstanding court-imposed and/or court-related fines, fees, costs, assessments, and/or charges. |

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- | | |
|--------------------------|--|
| <i>Part Three:</i> | <input type="checkbox"/> That I was charged with the crime listed in Box 2 of the motion. |
| <i>Deferred Sentence</i> | <input type="checkbox"/> That I pled guilty or nolo contendere to the crime listed in Box 2 of this motion.
<input type="checkbox"/> That my sentence for the crime listed in Box 2 of this motion was deferred by the court pursuant to a written deferral agreement filed with the clerk of court.
<input type="checkbox"/> That I have completed my deferment period.
<input type="checkbox"/> That I have complied with all the terms and conditions of my deferral agreement, including, but not limited to, the payment of any and all outstanding court-imposed and/or court-related fines, fees, costs, assessments, and/or charges
<input type="checkbox"/> That I have not been convicted of a crime of violence.
<input type="checkbox"/> That, there are no criminal proceedings pending against me, and I have exhibited good moral character. |



STATE OF RHODE ISLAND

SUPERIOR COURT

Part

Four:

***Decriminalized
Offense***

- That I was charged with the crime listed in Box 2 of the motion.
- That I received the disposition listed in Box 3 of the motion.
- That all conditions of the original criminal sentence have been completed.
- That I have satisfied in full any and all outstanding court-imposed and/or court-related fines, fees, costs, assessments, and/or charges.
- That the offense has been decriminalized subsequent to the date of my conviction.

Signature of the Defendant _____	Date
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State of _____
County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____

personally known to me or proved to me through satisfactory evidence of identification, which was _____, to be the person who signed above in my presence, and who swore or affirmed to me that the contents of the document are truthful to the best of his or her knowledge.

Notary Public: _____
My commission expires: _____
Notary identification number: _____