This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts.

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STATE OF ILLINOIS, CIRCUIT COURT			roms are free at <u>incourts.imo/forms</u> .			For Court	For Court Use Only		
			ADDITIONAL	ARRESTS	OR				
	_ COUN	TY	CASES FOR E		_				
Instructions ▼									
Directly above, enter the name of county where you will file the case.	Request of:								
Enter your name, birth date, race, and gender. List any other names you used when		,	irst, middle, last)						
arrested on the cases listed on this form.	Other names used in these cases					Case Number (if the Clerk assigns a new number)			
If the Clerk gave you a new case number, enter it to the right.	ımber, Date of bir		Race Gender		•	_			
Enter the number for each additional arrest, charge, and conviction you want expunged. If an arrest did not result	Arres	t or Case	Numbers of Additi	onal Criminal	Offer	nses in your Rec	cord in this	County:	
in formal charges, enter arrest number.			- <u> </u>				_		
			1	1					
See How to Expunge and/or Seal a Criminal Record to make sure all of your cases can be erased by expunging	Arrest or Case Number		Arresting Agency	<u> </u>			Date of Arrest	Outcome (for example, RV, S or P)	
your record. For more help, see pages 12 – 15.									
Enter the additional eligible arrests or charges on your record that you want									
expunged, but could not fit on the <i>Request</i> . Enter all charges for each case number.									
For Outcome , enter an outcome that reflects the outcome of your									
case. Use the shortened version of the outcome from the									
Outcome Abbreviations		me Abbr			Π				
box.	RV Conviction Reversed or Vacated P					Pardon from the Governor			
If you are completing this form on a	CE	Certificate	e of Eligibility for Expung		Found Factually Innocent				
computer, sign your		RWC Released Without Charge DA					Dismissal or Acquittal		
name by typing it. If	S Supervision Successfully Completed QP Q					Qualified Probation	Qualified Probation Successfully Completed		
you are completing it by hand, sign and print	, ,								
your name.	/s/ Your Signature Date								
Enter the name and									
contact information of the person who should	Name: Attorney # (if any):								
receive copies of the	Street Address:								
filed paperwork.	City, S	City, State, ZIP:							
After you finish this form, file it with your	Phone Number: Email:								

Request.