District Court Expungement Re-Docket Form

Division:		Date:		Time:		
	1					
Case Number:						
Case Number:						
Case Nulliber.						
Petitioner Name		Da	te of Birth	SSN		Phone #
Address		City			Zip	
Address			City		Zīp	
Signature of Peti	tioner or Atta	rnov	 Drinted no	ma of Attorn	av	
	GONCI UI ALLUI		Printed name of Attorney		<i>Ly</i>	
Attorney Address:			Attorney Phone #			
I						

Deputy Clerk:		File Date:			
Copies Made	Case Ord	lered			
*** Dring this to Court ***					

*** Bring this to Court ***