

# District Court Expungement Re-Docket Form

<b>Division:</b>	<b>Date:</b>	<b>Time:</b>
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Case Number:			
Case Number:			

Petitioner Name

Date of Birth

SSN

Phone #

Address

City

Zip

*Signature of Petitioner or Attorney*

*Printed name of Attorney*

Attorney Address:		Attorney Phone #	
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Deputy Clerk:	File Date:
<input type="checkbox"/> Copies Made	<input type="checkbox"/> Case Ordered

**\*\*\* Bring this to Court \*\*\***