



**APPLICATION TO VACATE AND  
EXPUNGE FELONY CONVICTION**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

COMMONWEALTH OF KENTUCKY  
VS.

PLAINTIFF

\_\_\_\_\_  
NAME  
ADDRESS

DEFENDANT

\_\_\_\_\_  
PHONE NUMBER Jail ID Number \_\_\_\_\_ (optional)

Defendant's Birthdate: \_\_\_\_\_ Defendant's SSN: \_\_\_\_\_ Violation/Arrest Date: \_\_\_\_\_

Comes now the Defendant herein and moves this Court, under KRS 431.073, to vacate the conviction and expunge the following offense(s) in the above-referenced case: *(If requesting expungement of the entire case, then all charges must be listed, including any non-felony charges. Attach additional sheet, if needed.)*

CHARGE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

CHARGE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

CHARGE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

*(If the above-referenced case originated in district court, list the underlying district court case number(s) and charge(s) to be expunged.)*

CASE NO.: \_\_\_\_\_

CHARGE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

CHARGE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

CHARGE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

In support of this Application, the Defendant states as follows:

- The Defendant was charged with or convicted of the offense(s) listed above.
- The above-stated offense(s) is/are eligible to be vacated and expunged as follows: ***(check only one)***
  - the offense is one of the eligible offenses listed in KRS 431.073(1)(a).
  - the offenses are a series of eligible offenses listed in KRS 431.073(1)(a) which arose from a single incident.
  - a full pardon has been granted by the Governor, a copy of which is attached.
  - the offense is an eligible offense under KRS 431.073(1)(d). *(Must complete section 8 on page 2.)*
  - the offenses are multiple eligible offenses under KRS 431.073(1)(d). *(Must complete section 8 on page 2.)*
- The Defendant has not, in the five years prior to the filing of this Application, been convicted of a felony or misdemeanor.
- No proceeding concerning a felony or misdemeanor is pending or being instituted against the Defendant.
- This Application is filed no sooner than five years after completion of the Defendant's sentence or successful completion of the Defendant's probation or parole, whichever occurs later.

6. List the names of all victims of the crimes listed above (if known):

**Victims:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. (Complete this section only if applying for expungement under KRS 431.073(1)(d). \*Attach additional sheets, if needed.)

a. Did you complete any rehabilitative activities/programs in prison? (such as, but not limited to, education, counseling, alcohol or substance abuse programs, parenting classes, work programs) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b. Since you have been released, have you participated in any rehabilitative activities/programs? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

c. How have you changed since being convicted or released (if incarcerated)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

d. Give examples of how you have been living a law-abiding life since being convicted/released. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

e. What impact has a felony conviction had on your life? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

f. If expungement is granted, how will this make a difference in your life? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

g. Is there anything else you would like the Court to know as it considers whether to grant or deny this Application?

\_\_\_\_\_  
\_\_\_\_\_

The Defendant moves that this Application to Vacate and Expunge a Felony Conviction be granted and that this Court enter an Order that the Kentucky State Police, the Kentucky Department of Libraries and Archives, and the following agencies expunge any records in the agencies' custody regarding these charges: **LIST AGENCIES AND ADDRESSES HERE: (Records may be held at multiple agencies. Please identify any government agency that may have a record of your conviction such as, but not limited to, jail facilities or arresting agencies.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby state that the information provided above is true and accurate to the best of my knowledge.

Note: Defendant/Applicant must sign this Application **in the presence of** a notary **or** the circuit court clerk so that the notary/clerk can witness his/her signature.

\_\_\_\_\_, 2\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant/Applicant Signature

Subscribed and sworn to before me by _____ this _____ day of _____, 2_____.	
_____ Notary/Clerk	
My Commission Expires: _____	By: _____ D.C.

**There is a \$50 non-refundable filing fee per application, due at the time of filing. The clerk cannot take your application without proper payment of this fee.**

**If an expungement order is granted, you will be charged an additional fee of \$250 (“expungement fee”), which you may pay in installments. If you would like to ask the Court to establish an installment payment plan, you will need to fill out the request below. Please note that the expungement cannot be completed until payment in full is received.**

**A copy of your current expungement eligibility certification must be attached to this Application.**

**REQUEST FOR INSTALLMENT PAYMENT PLAN**

- The Defendant requests that the Court establish an installment plan for the payment of the expungement fee of \$250.  
Defendant requests to pay \$ \_\_\_\_\_  weekly  every other week  twice per month  monthly  
 other \_\_\_\_\_, until paid in full.

**NOTICE TO COMMONWEALTH/COUNTY ATTORNEY**

Pursuant to KRS 431.073(2), the office of the Commonwealth Attorney or County Attorney who prosecuted the case shall file a response to this Application within 60 days after being served with this notice. An extension may be granted for good cause, but a hearing on the Application shall occur no later than 120 days following the filing of the Application. The office of the Commonwealth or County Attorney shall notify the victim of the crime if there was an identified victim.

<b>FOR CLERK USE ONLY</b>	
This Application to Vacate and Expunge a Felony Conviction was sent on the _____ day of _____, _____, to the Commonwealth or County Attorney who prosecuted the case and the County Attorney of the County where the Judgment was entered.	
_____ Clerk	
By: _____ D.C.	



**ORDER  
ON APPLICATION TO VACATE AND  
EXPUNGE FELONY CONVICTION**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

COMMONWEALTH OF KENTUCKY  
VS.

PLAINTIFF

\_\_\_\_\_  
NAME  
ADDRESS

DEFENDANT

\_\_\_\_\_  
PHONE NUMBER Jail ID Number \_\_\_\_\_ (optional)

Defendant's Birthdate: \_\_\_\_\_ Defendant's SSN: \_\_\_\_\_ Violation/Arrest Date: \_\_\_\_\_

**I. FINDINGS OF FACT**

A. The Court, having reviewed Defendant's **Application to Vacate and Expunge Felony Conviction** and being sufficiently advised, **FINDS:**

Pursuant to KRS 431.073, Defendant requested the following offense(s) be expunged: *(Attach additional sheet, if needed.)*

CHARGE: \_\_\_\_\_ CHARGE: \_\_\_\_\_  
CHARGE: \_\_\_\_\_ CHARGE: \_\_\_\_\_  
CHARGE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

*(List any underlying district court case number(s) and offense(s) that Defendant requested be expunged.)*

CASE NO.: \_\_\_\_\_  
CHARGE: \_\_\_\_\_ CHARGE: \_\_\_\_\_  
CHARGE: \_\_\_\_\_ CHARGE: \_\_\_\_\_  
CHARGE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

(1) Objection received from the Commonwealth or County Attorney  Yes  No

(2) Response received from the victim(s)  Yes  No

**B. (Check only one)**

(1)  The above-listed offense is one of the eligible offenses listed in KRS 431.073(1)(a).

(2)  The above-listed offenses are a series of eligible offenses listed in KRS 431.073(1)(a) which arose from a single incident.

(3)  A full pardon has been granted by the Governor.

\* (4) *(Check one)*  The above-listed offense is an eligible offense pursuant to KRS 431.073(1)(d).

OR

The above-listed offenses are multiple eligible offenses pursuant to KRS 431.073(1)(d).

*\*If either of these boxes is checked, make the required finding in **subsection D. below.***

C. **FURTHER**, *(All of these findings are required.)*

- (1) It has been at least five years since the completion of the Defendant's probation or parole, whichever is later.
- (2) The Defendant has not in the five years prior to the filing of the Application to have the judgment vacated been convicted of a felony or a misdemeanor.
- (3) No proceeding concerning a felony or misdemeanor is pending or being instituted against the Defendant.

D. *(Check only if the Defendant has applied pursuant to **KRS 431.073(1)(d)**.)*

The Defendant has been rehabilitated and poses no significant threat of recidivism.

*(If the Commonwealth has objected to an Expungement pursuant to KRS 431.073(1)(d), complete **Section II. of this Order.**)*

E. Other Findings:

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**II. ADDITIONAL FINDINGS PURSUANT TO KRS 431.073(4)**

*(This section must be completed if, and only if, the Commonwealth has objected to an Expungement pursuant to KRS 431.073(1)(d).)*

A.  The Court, having conducted a hearing and heard evidence, **FINDS** that the Defendant: *(check one)*

**Proved**  **Did Not Prove** by clear and convincing evidence that: *(all of these findings are required for the Application to be granted)*

- (1) Vacating the judgment and expunging the record is consistent with the welfare and safety of the public;
- (2) This action is supported by the Defendant's behavior since the conviction or convictions, as evidenced that he or she has been active in rehabilitative activities in prison and is living a law-abiding life since release;
- (3) The vacation and Expungement is warranted by the interests of justice; and
- (4) Any other matter deemed appropriate or necessary to make a determination regarding the Application:

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AND FURTHER, having weighed the public's interest in the Defendant's criminal history record being publicly available with the harm that would otherwise result to the Defendant if the Application is not granted, the Court **FINDS** that circumstances

**Warrant**  **Do Not Warrant** vacation and Expungement.

**III. THEREFORE, IT IS HEREBY ORDERED:**

The Application is **DENIED**, for the following reason(s): (Doc Code: OFXD)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Application is **GRANTED** as follows: (Doc Code: OFXG)

The judgment regarding the above listed offense(s) is **VACATED**, upon entry of this Order, and the charge(s) is/are hereby **dismissed with prejudice**.

The Defendant SHALL pay an expungement fee of \$250: *(check one)*

in full.

OR

in installment payments as set out below in Section IV.

Upon receipt of payment in full, Expungement shall be completed and the above listed offense(s) shall be **EXPUNGED** from the Court's records.

\*This Order shall not extend or revive an expired statute of limitations, shall not constitute a finding of legal error regarding the proceedings leading to or resulting in the conviction, shall not nullify any findings of fact or conclusions of law made by the trial court or any appellate court regarding the conviction, and shall not constitute a finding of innocence regarding the conviction.

**IV. INSTALLMENT PAYMENT PLAN**

*(Complete only if Defendant shall pay the expungement fee in installment payments.)*

Beginning \_\_\_\_\_, 2\_\_\_\_\_, installment payments of \$\_\_\_\_\_ shall be paid to the Circuit Court Clerk as follows: *(check one)*

weekly

every other week

twice per month

monthly

other \_\_\_\_\_

Defendant is granted until \_\_\_\_\_, 2\_\_\_\_\_, to pay the expungement fee of \$250. *(Defendant must be permitted at least 18 months to pay the expungement fee; however, the Defendant has the option to pay the fee sooner if he or she is able.)*

**V. NOTICE TO SHOW GOOD CAUSE FOR FAILURE TO COMPLETE INSTALLMENT PAYMENT PLAN**

Defendant, you are granted until \_\_\_\_\_, 2\_\_\_\_\_, at the hour of \_\_\_\_\_  a.m. OR  p.m. to pay the expungement fee of \$250. **The Expungement cannot be completed until full payment is received. If you fail to pay the expungement fee or have not completed the installment payment plan by the scheduled date(s), you SHALL appear before the same Court on the date and at the hour specified above to show good cause why you are unable to complete the installment payment plan. However, if you have completed your installment payment plan, you will not need to appear on that date.**

**\*\*\*YOU CANNOT BE ORDERED TO JAIL FOR FAILURE TO COMPLETE YOUR INSTALLMENT PAYMENT PLAN.**

\_\_\_\_\_, 2\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

I certify a true and correct copy of the foregoing was  hand-delivered OR  mailed to the **DEFENDANT** and or his/her **ATTORNEY** if any.

\_\_\_\_\_, 2\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Clerk**

By: \_\_\_\_\_, D.C.

***Clerk:*** Upon entry of this Order, provide a copy to Defendant/Attorney.

**UPON PAYMENT IN FULL of the Expungement fee, complete Notice of Expungement (AOC-496.5) and distribute copies of the Notice and this Order to all agencies named below.**

Upon completion of this Expungement, the Court and other agencies shall reply to any inquiry that no record exists. Defendant shall not have to disclose the fact of the record or any matter relating to it on an application for employment, credit, or other purpose.

**The Kentucky State Police, the Kentucky Department of Libraries and Archives, and other following agencies,** with custody of records relating to the arrest, charge or other matters arising out of the arrest or charge, shall expunge the record, including but not limited to: arrest records, fingerprints, photographs, index references, or other documentary or electronic data, and shall certify to the Court on this form that the required Expungement has been completed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, 2\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Judge**

**AGENCY CERTIFICATION**

\_\_\_\_\_, an above-named agency ordered to expunge records in our custody, hereby certifies that  the **agency has no records** in its custody relating to the Defendant/matter OR  the **agency has completed the Expungement** as directed by this Court.

Date: \_\_\_\_\_, 2\_\_\_\_\_. Agency Records Custodian: \_\_\_\_\_

**For Immediate Distribution:** Original - Court File  
Copies: Defendant/Attorney; Commonwealth Attorney

**For Distribution Upon Receipt of Payment in Full of the Expungement Fee:** Defendant/Attorney; Local Pretrial Office; Kentucky State Police, 1266 Louisville Road, Frankfort, KY 40601; Kentucky Department of Libraries and Archives, Post Office Box 537, Frankfort, KY 40602; Other Named Agencies

*Circuit Clerk: Refer to Clerk's Manual for instructions on filing this certification.*



**MOTION FOR WAIVER OF COSTS AND FEES AND  
TO PROCEED *IN FORMA PAUPERIS*; AFFIDAVIT;  
FINANCIAL STATEMENT; AND ORDER**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

PLAINTIFF/PETITIONER

VS.

DEFENDANT/RESPONDENT

**Motion for Waiver of Costs and Fees:** Affiant is unable to pay the costs and fees of this action and hereby requests that the Court waive them and allow Affiant to proceed *in forma pauperis*.

Affiant hereby submits the following information in support of the above Motion.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**I. MONTHLY INCOME/MONTHLY EXPENSES**

1. Are you employed?  Yes, full-time.  Yes, part-time.  No.

Employer name and address: \_\_\_\_\_

2. Marital status: \_\_\_\_\_ If married, spouse's name: \_\_\_\_\_

3. Number of dependents (children, elderly, or disabled): \_\_\_\_\_ Relationship: \_\_\_\_\_ Age(s): \_\_\_\_\_

4. If married, is spouse employed?  Yes  No. If yes, include spouse's income and expenses below unless this is a divorce proceeding.

**Monthly Income**

Gross salary (before deductions) \$ \_\_\_\_\_  
Public/Gov't assistance: \$ \_\_\_\_\_  
*Food stamps/SNAP* \$ \_\_\_\_\_  
    TANF \$ \_\_\_\_\_  
    K-TAP \$ \_\_\_\_\_  
    KCHIP \$ \_\_\_\_\_  
    LIHEAP \$ \_\_\_\_\_  
    WIC \$ \_\_\_\_\_  
    Child Care Assistance \$ \_\_\_\_\_  
    Foster care \$ \_\_\_\_\_  
    Other \_\_\_\_\_ \$ \_\_\_\_\_  
Social Security (SSI/SSD) \$ \_\_\_\_\_  
Worker's Compensation \$ \_\_\_\_\_  
Unemployment \$ \_\_\_\_\_  
Retirement/Pension \$ \_\_\_\_\_  
Child support \$ \_\_\_\_\_  
Maintenance/Alimony \$ \_\_\_\_\_  
Stocks, trusts, bonds \$ \_\_\_\_\_  
Student financial aid \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

**5. TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

**Monthly Expenses**

Mortgage  Rent payment \$ \_\_\_\_\_  
Utilities (electric/gas) \$ \_\_\_\_\_  
Water/Sewer/Trash \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_  
Phone(s) (landline and/or cell) \$ \_\_\_\_\_  
Internet \$ \_\_\_\_\_  
Cable/Satellite \$ \_\_\_\_\_  
Transportation \$ \_\_\_\_\_  
Clothing/Shoes \$ \_\_\_\_\_  
Vehicle payment(s) \$ \_\_\_\_\_  
Insurance (vehicle, health, house/renter's) \$ \_\_\_\_\_  
Credit card payment(s) \$ \_\_\_\_\_  
Unreimbursed childcare \$ \_\_\_\_\_  
Tuition/student loans \$ \_\_\_\_\_  
Medical/Dental payments/installments \$ \_\_\_\_\_  
Child support \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

**6. TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_



**II. ASSETS / DEBTS**

**Assets**

Cash on hand \$ \_\_\_\_\_  
 Bank accounts  
     *Checking* \$ \_\_\_\_\_  
     *Savings* \$ \_\_\_\_\_  
     *Other* \_\_\_\_\_ \$ \_\_\_\_\_  
 Value of home (if homeowner) \$ \_\_\_\_\_  
 Value of other real estate owned (*please list*)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Value of vehicle(s) in working order  
 (1) Yr/Make \_\_\_\_\_ \$ \_\_\_\_\_  
 (2) Yr/Make \_\_\_\_\_ \$ \_\_\_\_\_  
 (3) Yr/Make \_\_\_\_\_ \$ \_\_\_\_\_

Value of personal possessions (*i.e., jewelry, boat*)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**Debts / Outstanding balances owed**

Home loan, if homeowner \$ \_\_\_\_\_  
 Vehicle loan(s) \$ \_\_\_\_\_  
 Credit card(s) \$ \_\_\_\_\_  
 Student loan(s) \$ \_\_\_\_\_  
 Medical \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

**7. TOTAL ASSETS** \$ \_\_\_\_\_

**8. TOTAL DEBTS** \$ \_\_\_\_\_

9. Additional comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Affiant's Signature

\_\_\_\_\_  
 Affiant's Name (*print or type*)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
 Attesting Officer or Notary's Signature



**MOTION FOR WAIVER OF COSTS AND FEES AND  
TO PROCEED *IN FORMA PAUPERIS*; AFFIDAVIT;  
FINANCIAL STATEMENT; AND ORDER**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

\_\_\_\_\_

PLAINTIFF/PETITIONER

VS.

\_\_\_\_\_

DEFENDANT/RESPONDENT

**ORDER**

This case having come on the Court's docket on a motion for waiver of fees and costs associated with this action and to proceed *in forma pauperis* pursuant to KRS 453.190, and the Court having reviewed the foregoing Affidavit and Financial Statement, and being otherwise sufficiently advised, IT IS HEREBY ORDERED AND ADJUDGED that the Motion to Proceed *In Forma Pauperis* is:

- GRANTED.** (Doc Code: OFP) Affiant is a poor person pursuant to KRS 453.190(2) as follows: (*Check one*)
  - Affiant is unable to pay the costs and fees associated with this action without depriving himself or herself or his or her dependents of the necessities of life, including food, shelter, or clothing. OR
  - Affiant's income is at or below 100% on the sliding scale of indigency established by the Kentucky Supreme Court.

**OR**

- DENIED.** (Doc Code: OFD) Affiant is not a "poor person" pursuant to KRS 453.190(2). Affiant shall have thirty (30) days to pay any required fees or costs to appeal this decision. If Affiant fails to pay the required fees or costs, or fails to seek review, the matter shall be treated as though not timely filed. CR 5.05(4).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge's Signature