

**State of Minnesota**

**District Court**

County of \_\_\_\_\_

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: Criminal

**State of Minnesota,**

Plaintiff

vs.

\_\_\_\_\_  
Defendant/Petitioner

**Notice of Hearing and  
Petition for Expungement**

**(Sealed Records)  
Minn. Stat. § 609A.03  
Or  
Inherent Authority**

**Notice of Hearing**

**Notice To Law Enforcement/Prosecutor:** Any objection to expungement in this case shall be filed with the court as soon as possible, and within 60 days. This matter is scheduled for hearing on \_\_\_\_\_(date) at \_\_\_\_\_ (time); at \_\_\_\_\_(location).

**Petition for Expungement**

1. I state under oath that I am petitioning the court for expungement (sealing) of a criminal record.

2. My full name, and all other legal names or aliases I have been known as, are:

\_\_\_\_\_

3. My date of birth is: \_\_\_\_\_

4. The following are all of the addresses I have lived at since the date of the offense for which I am seeking expungement: (street address, city, state)

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5. I am seeking expungement because (Include whether expungement is sought for employment or licensure purposes, the statutory or other legal authority under which expungement is sought, and state in detail and with specifics why expungement should be granted. Attach additional pages if necessary.):

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6. My criminal record including all charges, convictions, stays of adjudication or imposition of sentence and pending actions for misdemeanors, gross misdemeanors or felonies in this state, another state, federal court, or a foreign country, whether the conviction occurred before or after the offense for which expungement is sought, consists of:

Case#	County-State	Type of Charge	Date of Offense	Conviction (Y/N)	Date (If Yes)
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7. I have no criminal records, other than listed at #6, in this state or elsewhere.

8. All prior requests for expungement, pardon or sealing of a criminal record, whether for this offense or for any other offense, whether granted or not, that I have made include: \_\_\_\_\_

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9. I qualify for an expungement because:

- A criminal case against me for a controlled substance violation has been dismissed and the proceedings have been discharged (use Order Sealing Record/Conviction);
- I was certified or referenced for prosecution as an adult for a crime I committed when I was a juvenile (use Order Sealing Record/Conviction);
- A criminal matter was resolved in my favor (use Order Concerning Sealing of Records/No Conviction);
- I was convicted but I have rehabilitated myself. The benefit to me outweighs the disadvantage to the public and the burden on the court (use Order Sealing Record/Conviction).

10. The details of the offense I want to expunge are: Case # \_\_\_\_\_ Jurisdiction/City where the offense occurred: \_\_\_\_\_ Type of Offense: \_\_\_\_\_ Date of Offense: \_\_\_\_\_  
This was a  conviction or a  dismissal. Date of conviction or dismissal: \_\_\_\_\_

11. The names of the victims in this case are: \_\_\_\_\_  
Or,  there were no identifiable victims.

12. There  is  is not a current or prior order for protection, restraining order or other no-contact order prohibiting me from contacting the victims (attach copies of any orders to petition).

13. Since conviction of this offense, I have taken the following steps toward personal rehabilitation, including treatment, work, or other personal history (Attach additional pages if necessary.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Or,  there was no conviction for this offense.

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Dated \_\_\_\_\_ Signature (*Sign only in front of notary public or court administrator.*)  
Sworn/affirmed before me this \_\_\_\_\_ Name: \_\_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_, Address: \_\_\_\_\_  
\_\_\_\_\_ City/State: \_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_  
Notary Public \ Deputy Court Administrator Telephone: \_\_\_\_\_