



APPLICATION FOR EXPUNGEMENT

PLEASE **PRINT** ALL INFORMATION ON THIS FORM **LEGIBLY** AND SIGN YOUR NAME AT THE BOTTOM.

FULL LEGAL NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE #:** _____

ALTERNATE PHONE #: _____ **EMAIL ADDRESS:** _____

RACE: _____ **SEX:** _____ **AGE:** _____ **DOB:** _____ **SSN:** _____

CITY/TOWN ARRESTED IN: _____

COUNTY ARRESTED IN (CIRCLE): **CHESTERFIELD** **DARLINGTON** **DILLON** **MARLBORO**

ARRESTING AGENCY: **CITY POLICE DEPT** **SHERIFF'S OFFICE** **SLED** **OTHER** _____

ARREST CHARGE(S): _____

ARREST DATE(S): _____

HAVE YOU APPLIED FOR AN EXPUNGEMENT PREVIOUSLY _____ **(if yes, please list the date and arrest charges.)** _____

AT ANY TIME, HAVE YOU PARTICIPATED IN THE PRE-TRIAL INTERVENTION (PTI) PROGRAM _____ **(If yes, please list the arrest charges.)** _____

REASON FOR APPLYING FOR EXPUNGEMENT _____

PLEASE LIST ANYONE THAT WILL BE INQUIRING ON YOUR BEHALF _____

EXPUNGEMENT FEES ARE NON-REFUNDABLE

THE EXPUNGEMENT PROCESS TAKES A MINIMUM OF 4-6 WEEKS TO BE COMPLETED

DEFENDANT SIGNATURE

DATE

Please complete this form and mail to: **Fourth Circuit Solicitor's Office**
Attn: Christy Overstreet
Post Office Box 616
Bennettsville, SC 29512

***Once the completed application is received, you will be contacted within a few weeks either by phone or mail.