STATE OF VERMONT

SUPERIOR COURT Unit Addison

		CRIMINAL DIVISION
GAI	ИDI	Case No.

In RE: Jane Doe DOB 2/15/1990

PETITION TO SEAL CRIMINAL HISTORY

	pove-named Defendant hereby rec runds for the request, Defendant h	•		criminal history record be se		
1. 2. 3.		gement petition	Year 2010 2010 2010	Docket Number (If Any) xxx-x-xx Ancr xxxx-x-xx Ancr xxx-x-xx Ancr		
√	2. Record of Convictions: ✓ I was convicted of the offenses. If you were convicted, please provide the following about your conviction: a. Date of conviction: Domestic Assault - 10/5/2010 b. I completed all of the conditions of my probation: ✓ Yes – Date of Completion: 10/5/2012 □ No c. Any restitution ordered by the Court has been paid: □ Yes □ No ✓ Restitution was not ordered ✓ I was not convicted for the offenses listed above. If you were cited or arrested for the offense, but never convicted, answer the following questions and then skip to question 3. □ I was cited or arrested, by (name of arresting law enforcement agency or department)					

4.	I believe that sealing of my criminal history is in the interests of justice because:						
	I have been sober for two years and attend therapy weekly. I have started volunteering as a basketball coach. I'd like to eventually find work as a coach but I need to clear my record to do it.						
5.	If the petition is granted, the court will send a copy of the order to the defendant, the defendant's attorney, the prosecuting attorney's office, the Vermont Crime Information Center, the arresting agency, the Restitution Unit of the Vermont Center for Crime Victim Services, and the Department of Motor Vehicles if pertaining to a motor vehicle charge. If there are other state entities the court should notify, please list the agency name and address here:						
	State Agency	Address					
l c	e with the court. If I consent, the other parties is onsent to receive documents from the other parties I NO Signature	may send me documents by email instead of by mail. Inties at the email provided below:					
		Signature of Defendant					
		Printed Name of Defendant					
		Address					
		City, State, Zip					
		Phone					
		Email Address					

cc: State's Attorney or Attorney General's Office