

# Tioga County Self Help Kit



## HOW TO FILE A PETITION TO EXPUNGE SUMMARY OFFENSES MDJ LEVEL

*\*\*You must remain arrest free for a period of 5 years after your conviction to qualify for this type of expungement\*\**

### Disclaimer

Neither the staff in Court Administration nor the staff in any Court office will be able to give you legal advice or help you fill out/complete these forms. The information in the packets is not to be a substitute for legal advice. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. If you want to obtain the services of an attorney but do not know whom to contact, you may call North Penn Legal Services at 1-877-953-4250.

## EXPUNGEMENT INSTRUCTIONS:

1. Prepare your Petition for Expungement. You will need to complete the attached form with the following information in order to complete your Petition for Expungement. You can obtain the required information from your criminal file which can be located in the Magisterial District Court in which your case was heard. Information can also be found on the UJS Portal at <http://ujportal.pacourts.us/>.

### Instructions for filling out caption

Please fill out the appropriate docket number in the spaces provided. Only fill out those in which you wish to have expunged, leave the ones blank that you were not charged with.

### ONLY ONE MDJ DOCKET NUMBER PER PETITION.

NT - Non Traffic Offense

CR - Criminal Offense

TR - Traffic Offense

**When you take your petition to the Prothonotary's office to file it, she will give you a MS (Miscellaneous) number. Make sure that number is then placed on the remaining forms in the appropriate place (Verification & Affidavit).**

### ONLY ONE CRIMINAL DOCKET NUMBER PER PETITION.

#### Instructions for filling out petition

The Petitioner/Defendant is your full legal name.

- 1) Fill in your full mailing/physical address, including PO Box if used.
- 2) Fill in any aliases you may have used. If not applicable, put N/A.
- 3) Fill in your date of birth and social security number.
- 4) Check the box of the MDJ that heard your case.
- 5) Fill in the name of the affiant (the arresting officer) and the address of the police station.
- 6) Fill in your offense tracking number (OTN #), if not known put UNKNOWN.
- 7) Fill in the date of the complaint or the date of arrest and the criminal justice agency that made the arrest (ex. PSP, Wellsboro PD, etc.)
- 8) Fill in the COMPLETE charges to be expunged.
- 9) Fill in the disposition of the charges (ex. withdrawn, dismissed, not guilty, etc.)
- 10) Fill in the reason for the request for expungement.
- 11) Sign your name where it says "Pro Se," meaning "for yourself."

2. Complete the Verification/Affidavit form. This document needs to be notarized when filing the Petition to Expunge. (Do not sign this page until you are in the presence of a notary.)

3. File the Original and three copies with the Clerk of Courts. The Clerk of Courts office is located on the 1<sup>st</sup> Floor of the Tioga County Courthouse. Also, a one hundred thirty two (\$132.00) dollar (only certified check, money order, or cash will be accepted) **NON-REFUNDABLE** filing fee, per case, is required at the time of submission.

4. Take one completed, time stamped copy of your petition to the District Attorney's Office and one copy to the Court Administrator's Office which are located on the 2<sup>nd</sup> Floor of the Tioga County Courthouse. Also include the **District Attorney's Statement** with the District Attorney's copy of the petition. Retain one copy for your records.

5. Sign the Affidavit of Service stating that you have served a copy of your Motion for Expungement on the Commonwealth of Pennsylvania at the District Attorney's Office and file it in the Prothonotary's Office.

6. If your motion is granted, you will receive a copy of your Order for Expungement in the mail. Your Order will also be mailed to all the appropriate parties to ensure your record will be expunged. If your petition is denied, you will receive notice via certified mail of the reasons why your petition was denied.

7. **HEARING: The court may hold a hearing. Or, if there are no objections to the Petition, the court may make a decision based on written documentation.** You will receive notice of a date and time for the hearing from the Court Administrator's office. Failure to appear for this hearing may result in the dismissal of your petition.

If the Court finds that you are eligible for expungement and no objections have been received, it will grant the expungement and issue an Order of Expungement. Your Order will also be mailed to you and all the appropriate parties to ensure your record will be expunged. If your Petition is denied, you will receive notice via certified mail of the reasons why your Petition was denied.

**Failure to accurately complete this petition will result in your request for expungement being DENIED. Please ensure the forms are filled out completely and accurately per the instructions.**

\*\*\*If you are pursuing an expungement related to the completion of the ARD program, **DO NOT** use these forms.\*\*\* Please contact the Court Administrator's office for ARD expungement instructions.

COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS  
 :  
 : OF TIOGA COUNTY, PENNSYLVANIA  
 vs. :  
 : NO. \_\_\_\_\_ MS \_\_\_\_\_  
 :  
 \_\_\_\_\_ : NO. \_\_\_\_\_ NT \_\_\_\_\_  
 : NO. \_\_\_\_\_ CR \_\_\_\_\_  
 : NO. \_\_\_\_\_ TR \_\_\_\_\_

**PETITION FOR EXPUNGEMENT**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, comes the defendant,  
 and respectfully requests that this Petition for Expungement be granted, for the following  
 reasons:

Petitioner/Defendant, \_\_\_\_\_, pro se, respectfully  
 represents the following:

1. Petitioner/Defendant lives at: \_\_\_\_\_  
 \_\_\_\_\_
2. Petitioner/Defendant has the following aliases: \_\_\_\_\_
3. Petitioner/ Defendant’s date of birth is \_\_\_\_\_ and social  
 security number is \_\_\_\_\_.
4. The name and address of the MDJ who heard the case is:  
 04-3-01, Judge Edgcomb; 117 Court Street, Suite C; Elkland, PA 16920.  
 04-3-02, Judge Repard; 118 Main Street; Wellsboro, PA 16901  
 04-3-03, Judge Carlson; 267 South Main Street; Mansfield, PA 16933
5. The affiant who made the arrest is \_\_\_\_\_ with an  
 address of \_\_\_\_\_.
6. The offense tracking number (OTN) is \_\_\_\_\_.

7. The date of the complaint, or the date of the arrest is \_\_\_\_\_  
and the criminal justice agency that made the arrest is \_\_\_\_\_.

8. The specific charges to be expunged are: (list all charges individually)

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

9. The disposition of the charges was \_\_\_\_\_.

10. The reason(s) for the request for expungement are \_\_\_\_\_

\_\_\_\_\_.

11. The Commonwealth of Pennsylvania will not be harmed by granting this  
Petition.

12. All fines, costs, fees, and restitution have been paid in full, if applicable.

13. A copy of this Petition will be served upon the District Attorney's Office of  
Tioga County, Pennsylvania.

WHEREFORE, Petitioner respectfully requests this Honorable Court to order the  
expungement of all records pertaining to the aforementioned case, wherever they  
may be located and by whom they may be retained.

Respectfully submitted,

\_\_\_\_\_  
Pro Se

Phone: \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS  
:  
vs. : OF TIOGA COUNTY, PENNSYLVANIA  
:  
:  
: NO. \_\_\_\_\_ MS \_\_\_\_\_  
:

VERIFICATION/AFFIDAVIT

I, \_\_\_\_\_, being duly affirmed according to law, does hereby depose and say that the facts contained herein are true and correct; that your affiant is the above-named Defendant and makes this application requesting the Court to enter and Order dismissing the aforesaid charges against him/her.

Defendant also swears and affirms that he/she has been free from arrest for a period of five years following his/her conviction for the summary offense.

I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Petitioner/Defendant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS  
: :  
: OF TIOGA COUNTY, PENNSYLVANIA  
vs. :  
: :  
: :  
: NO. \_\_\_\_\_ MS \_\_\_\_\_  
: :

**AFFIDAVIT OF SERVICE**

I, \_\_\_\_\_, do hereby certify that I served upon the Commonwealth of Pennsylvania, through the Office of the District Attorney of Tioga County, Pennsylvania, a copy of the Petition to Expunge Criminal Record (MDJ) in the above captioned matter, on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Date

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

COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS  
: :  
: OF TIOGA COUNTY, PENNSYLVANIA  
vs. :  
: :  
: :  
: NO. \_\_\_\_\_ MS \_\_\_\_\_  
\_\_\_\_\_

**DISTRICT ATTORNEY'S STATEMENT**

The Commonwealth, by and through the Office of the District Attorney, hereby:

- DOES NOT OBJECT
- OBJECTS, AND REQUESTS A HEARING
- REQUIRES FURTHER INFORMATION

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for the Commonwealth