

STATE OF VERMONT

SUPERIOR COURT

Unit

CRIMINAL DIVISION

Case No. \_\_\_\_\_

In RE:

DOB

PETITION TO SEAL CRIMINAL HISTORY

The above-named Defendant hereby requests that the Court order that his/her criminal history record be sealed. As grounds for the request, Defendant hereby states as follows:

1. Charges: I am requesting that the criminal records for the following offense(s) be sealed:

	Description of Offense	Year	Docket Number (If Any)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

If more than one offense is listed, the offenses must relate to the same incident.

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: \_\_\_\_\_

b. I completed all of the conditions of my probation:

Yes – Date of Completion: \_\_\_\_\_

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)

\_\_\_\_\_, but a charge was never filed with the Court.

A charge was filed, but the Court did not find probable cause.

A charge was filed and later dismissed by the Court.

3. List any new charges or convictions you have received since the date of the offense listed in question 1.

Offense	Date of Offense	Date of Charge	Date of Conviction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. I believe that sealing of my criminal history is in the interests of justice because:

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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**

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**Documents from Other Parties in the Case**

I understand that the other parties in the case are required to provide me with a copy of all documents they file with the court. If I consent, the other parties may send me documents by email instead of by mail.

I consent to receive documents from the other parties at the email provided below:

**YES**    **NO**

Date of Signature

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\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Printed Name of Defendant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

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