



For Office Use Only

CRIMINAL COVER SHEET

The criminal cover sheet neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Clerk of the District Court for the purposes of initiating the criminal docket sheet. This information will not be available to the public and this document will be stored in a separate location from the case file and then destroyed within a reasonable time. A new case **will not be accepted** without a cover sheet attached. (THIS FORM MUST BE TYPED OR PRINTED LEGIBLY). This form can be found at www.kscourts.org.

DEFENDANT'S INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

PHONE: _____ **SEX:** _____

CELL PHONE: _____

E-MAIL ADDRESS: _____

DL OR STATE ID NO: _____
State and Number

SSN: _____ **DOB:** _____

RACE: WHITE BLACK ASIAN PACIFIC ISLAND
 AMERICAN INDIAN/ALASKAN UNKNOWN

ETHNICITY: HISPANIC NON-HISPANIC UNKNOWN

SEX: _____

ALIAS NAMES USED: _____

KDR TRANSACTION NUMBER: _____

ATTORNEYS

(FIRM NAME, ADDRESS, TELEPHONE NUMBER AND SUPREME COURT ID NUMBER)

COMPLAINT INFORMATION

VIOLATION DATE: _____

OFFICER: _____

OFFICER NO.: _____

ATTORNEYS (IF KNOWN)

(FIRM NAME, ADDRESS, TELEPHONE NUMBER, CELL PHONE NUMBER, E-MAIL ADDRESS, AND SUPREME COURT ID NUMBER)

The requirement that Social Security numbers be included on criminal cases is not mandatory. The number is used for purposes of identification and may be disclosed as permitted by law. This form is not considered to be a public record.

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS CRIMINAL COURT
DEPARTMENT

STATE OF KANSAS, Plaintiff,

VS.

Case No. _____

Court No. _____

_____,
Defendant.

PETITION FOR EXPUNGEMENT AND RELIEF FROM REGISTRATION

Comes now the defendant herein and petitions the court, pursuant to K.S.A. 21-6614, for an order of expungement. In support of said petition the defendant states:

1. I was arrested on the _____ day of _____, _____, on a charge(s) of

_____ by:

POLICE AGENCY NAME: _____

DATE OF INCIDENT/ARREST: _____

POLICE REPORT NO. (if known): _____ 2.

Full name of defendant at the time of arrest, conviction, or diversion, if different than the defendant's current name:

3. The sex, race and date of birth of the petitioner are as follows:

SEX: _____

RACE: _____

DATE OF BIRTH: _____

4. Defendant was convicted/granted diversion on the _____ day of _____,
_____ on the criminal violation of

_____.
5. Defendant's sentence/probation/diversion was completed on the _____ day of

_____, _____.

6. More than _____ years have elapsed since defendant satisfied the sentence imposed or was discharged from probation, parole, diversion, a suspended sentence or released from custody.

7. Defendant has not been convicted of a felony in the past two (2) years, and no proceeding involving any such crime is presently pending or being instituted against defendant.

8. The defendant is currently registered as a drug offender in the following counties: _____

9. The defendant has complied with all registration requirements for a period of at least five years after the date of parole, discharge or release, whichever date is most recent, or, if not confined, five years from the date of conviction or adjudication.

10. The defendant has not been arrested, convicted, or entered into a diversion agreement for any crime during the period they have been required to register.

11. The names of all treatment providers and agencies that have treated the offender for mental health, substance abuse and offense-related behavior since the date of the offense or offenses requiring registration:

12. How the offender's circumstances, behavior and treatment history demonstrate that the offender is sufficiently rehabilitated to warrant relief:

13. The circumstances and behavior of the defendant warrants the expungement and registration of the offender is no longer necessary to promote public safety.

WHEREFORE, defendant respectfully requests the court to enter an order of expungement and relief from registration as the court deems just and proper.

Signature (Defendant/Attorney for Defendant)

Print Name

Address: _____

Phone: _____

E-Mail: _____

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS

STATE OF KANSAS,

Plaintiff,

VS.

(Case No.)

(Defendant's name)

Defendant.

AFFIDAVIT FOR _____ (Defendant's name)

I, _____, being of lawful age and first duly sworn on my oath, state as follows:

1. I am the Defendant in case number: _____
2. The circumstances of this case warrant expungement. I have been completely law abiding for _____ years.
3. What have you done to better yourself since the resolution of this case?

4. What if any is your current relationship with drugs and/or alcohol?

5. Would you be able to pass a drug screening? If not, please explain.

6. By expunging this case, do you feel it is in the best interest of public welfare and if so, why do you feel that way?

I, _____ of lawful age, state that the statements contained herein are true and correct.

Defendant's signature

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS
CRIMINAL DEPARTMENT

STATE OF KANSAS,

Plaintiff,

VS.

Case No.

*,

Defendant.

NOTICE OF HEARING ON PETITION FOR EXPUNGEMENT AND RELIEF FROM
OFFENDER REGISTRATION

The court will hold a hearing on this matter on the _____ day of _____,
20____, at _____:_____ a.m. or p.m. (circle a.m. or p.m.) at the Johnson County Courthouse,
in division _____/room_____.

Attorney/Defendant's Signature

CERTIFICATE OF SERVICE AND MAILING

I certify that on this _____ day of _____, 20____, I sent a true copy
of this notice by depositing it in the United States mail, postage prepaid, addressed to:

Johnson County District Attorney's Office
Attention: Expungement Team
150 W. Santa Fe St., 3rd Floor
Olathe, KS 66061

Attorney/Defendant's Signature