



CHRISTIAN
— LEGAL AID
OF THE DISTRICT OF COLUMBIA

EXPUNGEMENT INTAKE FORM

Full Name: _____ All Other and/or Prior Names: _____

Social Security #: _____

Reason(s) you are trying to expunge your record: (CHECK) ___ Job ___ Housing ___ Immigration ___ Other: _____

LIST ALL CRIMINAL ARRESTS AND CONVICTIONS

ALLEGED OFFENSE (e.g., possession, assault, theft)	MISDEMEANOR OR FELONY? (M or F)	DATE OF ALLEGED OFFENSE	WHERE? (Court name AND state)	CASE NUMBER	DISPOSITION (e.g., pled/found guilty, not guilty, deferred dismissal)	PROBATION/ SENTENCE COMPLETED? (yes/no)	IF YES, WHEN?	PROBATION VIOLATED? (yes/no)