

INSTRUCTIONS FOR ARD EXPUNGEMENT

Please complete the top portion of the attached “Application for Dismissal and Expungement of Charges”. If you need information from your file to be able to complete your Application, please visit the Prothonotary’s Office and ask to see your file.

After you have completed your portion of the form, you must bring it to the Prothonotary’s Office, together with the filing fee of **\$190.00**. This must be **cash or money order**.

After paying your filing fee, you must then take your Application to the Probation Office. It is your responsibility to have Probation sign your Application. The Probation Office will complete the “Certification” portion of your Application. Probation will then forward your Application to the District Attorney’s Office for signature.

The Expungement process may take up to 6 weeks.

Please provide us with your current contact information:

Defendant’s Name: _____

Address: _____

Telephone: _____

IN THE COURT OF COMMON PLEAS OF MIFFLIN COUNTY, PENNSYLVANIA

COMMONWEALTH OF PENNSYLVANIA	:	CP-44-CR-____-20__
	:	
v.	:	Charges: All charges
	:	OTN:
	:	Fines/Costs/Restitution: Satisfied
	:	Arresting Authority:
Defendant	:	
	:	Affiant:
	:	Affiant's Address:
Date of Birth:	:	
Social Security No.:	:	Arrest Date:
	:	District Justice Docket No:
	:	District Justice No:
	:	Disposition: Successful Completion of ARD

Application for Dismissal and Expungement of Charges

Defendant, _____, certifies that he/she completed satisfactorily the Accelerated Rehabilitation Program prescribed for him/her and complied with its conditions and moves for dismissal and expungement of charges. I, _____, verify that the facts set forth in this form are true and correct to the best of my knowledge, information and belief. This statement is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

Defendant

Certification

AND NOW, the ____ day of _____, 20____, the undersigned certifies that he is charged with supervising Program mentioned in foregoing Application and that the facts averred therein are true to the best of his knowledge.

Position of Attorney for the Commonwealth

AND NOW, the ____ day of _____, 20____, the undersigned Attorney for the Commonwealth certifies with respect to foregoing Application, that he has no objections to the dismissal and expungement of charges.