

EXPUNGEMENT INTAKE

CLIENT

Name: _____ Maiden Name: _____

Address: _____ Phone: _____

Date of Birth: _____ SSN: _____

CHARGES YOU WANT EXPUNGED:

Charges: _____

KRS: _____

County: _____

Date: _____

Describe Incident: _____

Plea Entered? Y N If yes, what did you plead: _____

Charges: _____

KRS: _____

County: _____

Date: _____

Describe Incident: _____

Plea Entered? Y N If yes, what did you plead: _____

HISTORY

Prior Felony Charges? Y N

If yes:

Charges: _____ County: _____

Date: _____

EXPUNGEMENT INTAKE

CHARGES SINCE EXPUNGED CHARGE:

Subsequent Charges? Y N

If yes:

Charges: _____

County: _____

Date: _____

Charges: _____

County: _____

Date: _____

Charges: _____

County: _____

Date: _____

Charges: _____

County: _____

Date: _____

NOTES:
