

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	ADDITIONAL ARRESTS OR CASES FOR EXPUNGEMENT	<i>For Court Use Only</i>
Instructions ▼ Directly above, enter the name of county where you will file the case. Enter your name, birth date, race, and gender. List any other names you used when arrested on the cases listed on this form. If the Clerk gave you a new case number, enter it to the right.	Request of: _____ Your name (<i>First, middle, last</i>) _____ Other names used in these cases _____ Date of birth Race Gender Arrest or Case Numbers of Additional Criminal Offenses in your Record in this County: _____ _____ _____ _____	
Enter the number for each additional arrest, charge, and conviction you want expunged. If an arrest did not result in formal charges, enter arrest number.	Case Number (if the Clerk assigns a new number)	

See How to Expunge and/or Seal a Criminal Record to make sure all of your cases can be erased by expunging your record. For help filling out this table, see pages 12 – 15.

Enter the additional eligible arrests or charges on your record that you want expunged, but could not fit on the *Request*. Enter all charges for each case number.

For **Outcome**, enter an outcome that reflects the outcome of your case. Use the shortened version of the outcome from the Outcome Abbreviations box.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

After you finish this form, file it with your *Request*.

Arrest or Case Number	Arresting Agency	Charge <i>(list all charges for each case number)</i>	Date of Arrest	Outcome <i>(for example, RV, S or P)</i>
Outcome Abbreviations				
RV	Conviction Reversed or Vacated	P	Pardon from the Governor	
CE	Certificate of Eligibility for Expungement from PRB	FI	Found Factually Innocent	
RWC	Released Without Charge	DA	Dismissal or Acquittal	
S	Supervision Successfully Completed	QP	Qualified Probation Successfully Completed	

/s/ _____ Date _____
Your Signature _____

Prepared by: _____
 Street Address: _____
 City, State, ZIP: _____
 Phone Number: _____