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|--|---|---|
| <b>STATE OF ILLINOIS,<br/>CIRCUIT COURT</b><br><br>_____ COUNTY  | <b>ORDER TO EXPUNGE &amp; IMPOUND<br/>AND/OR SEAL CRIMINAL<br/>RECORDS</b>  | <i>For Court Use Only</i>   |
| <b>Instructions ▼</b><br>Directly above, enter the name of county where you will file the case.<br><br>Enter your name, birth date, race, and gender. List any other names you used when arrested on the cases listed on this form.<br><br>If the Clerk gave you a new case number, enter it to the right. | Request of:<br><br>_____<br><b>Your name</b> <i>(First, middle, last name)</i><br><br>_____<br><b>Other names used in these cases</b><br><br>_____<br><br>_____<br><b>Date of birth</b> _____ <b>Race</b> _____ <b>Gender</b> | _____<br><b>Case Number</b> <i>(if the Clerk assigns a new number):</i> |

In 1, enter the number for all cases listed under Number 2 on the *Request* form for the cases you want to have expunged. If you completed an *Additional Arrests or Cases for Expungement* form, fill out an additional *Order* and list those cases.

**1. Arrest or Case Numbers of all Eligible Criminal Offenses for EXPUNGEMENT in this County:**

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

I have attached an additional *Order* form.

In 2, enter the number for all cases listed under Number 14 on the *Request* form for the cases you want to have sealed. If you completed an *Additional Arrests or Cases for Sealing* form, fill out an additional *Order* and list those cases.

**2. Arrest or Case Numbers of all Eligible Criminal Offenses for SEALING in this County:**

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

I have attached an additional *Order* form.

**DO NOT** check this box. The judge will check the correct boxes.

The judge will cross out the case numbers that are denied and include them on the Order Denying Request To Expunge & Impound and/or Seal Criminal Records.

**IT IS ORDERED:**

- Your Request for **EXPUNGEMENT** is **GRANTED** for the cases on page 1 (#1), and within 60 days of receiving this Order:
  - The Arresting Agencies must expunge these records as required by law.
  - The Clerk of the Circuit Court must impound these records as required by law.
  - The Illinois State Police must expunge or impound these records as required by law.
  - The Illinois State Police and the Arresting Agencies must request the return of all arrest or conviction records from any agencies that were previously notified of these records as required by law.
  - The Illinois State Police must expunge any pardoned conviction and other arrests by sealing these records as required by law.

**DO NOT** check this box. The judge will check the correct boxes.

**IT IS ORDERED:**

- Your Request for **SEALING** is **GRANTED** for the cases on page 1 (#2), and within 60 days of receiving this Order:
  - The Illinois State Police, the Arresting Agencies, and the Clerk of the Circuit Court must seal these records as required by law.
  - The Illinois State Police and the Arresting Agencies must request the return of all arrest or conviction records from any agencies that were previously notified of these records as required by law.

**DO NOT** fill in these lines. The judge will sign and enter date here.

**ENTERED:**

Judge: \_\_\_\_\_ Date: \_\_\_\_\_

Enter the name and contact information of the person completing the Order.

Prepared by: \_\_\_\_\_ Attorney # (if any): \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ Email Address: \_\_\_\_\_