

IN THE _____ COURT FOR _____ COUNTY

**REQUEST FOR REMOVAL OF CRIMINAL OFFENDER RECORD
PURSUANT TO T.C.A. §40-32-101(j)**

State of Tennessee v. _____
General Sessions Docket No. _____

Circuit Docket No. _____

Defendant/Arrest Information:

Defendant (name used at time of arrest)

Race

Sex

Date of Birth

Arresting Agency

Date of Arrest

Charge 1 (As shown on arrest fingerprint card)

SSN#

Charge 2 (As shown on arrest fingerprint card)

Charge 3 (As shown on arrest fingerprint card)

Disposition Information:

Final Charge 1

Final Charge 2

Final Charge 3

Final Disposition

***The Defendant understands that this request will only remove the requested charges from the Tennessee Bureau of Investigation database, the National Crime Information Database, and/or any public electronic database maintained by the court clerk, pursuant to T.C.A. §40-32-101(j), if eligible. This request will not expunge all records from any court file or other county database. Court clerks shall not be liable for any errors or omissions relating to the removal and destruction of records under this petition.**

Defendant/Attorney for Defendant

Date: _____