



**APPLICATION TO VACATE AND
EXPUNGE FELONY CONVICTION**

Case No. _____
Court _____
County _____
Division _____

COMMONWEALTH OF KENTUCKY

PLAINTIFF

VS.

NAME

DEFENDANT

ADDRESS

() _____ PHONE NUMBER Jail ID Number _____ (optional)

Defendant's Birthdate: _____ Defendant's SSN: _____ Violation/Arrest Date: _____

Comes now the Defendant herein and moves this Court, under KRS 431.073, to vacate the conviction and expunge the following offense(s) in the above-referenced case: *(If requesting expungement of the entire case, then all charges must be listed, including any non-felony charges. Attach additional sheet, if needed.)*

CHARGE: _____

CHARGE: _____

CHARGE: _____

CHARGE: _____

CHARGE: _____

CHARGE: _____

(If the above-referenced case originated in district court, list the underlying district court case number(s) and charge(s) to be expunged.)

CASE NO.: _____

CHARGE: _____

CHARGE: _____

CHARGE: _____

CHARGE: _____

CHARGE: _____

CHARGE: _____

In support of this Application, the Defendant states as follows:

1. The Defendant was charged with or convicted of the offense(s) listed above.
2. The above-stated offense(s) is/are eligible to be vacated and expunged as follows: **(check only one)**
 - ☐ the offense is one of the eligible offenses listed in KRS 431.073(1)(a).
 - ☐ the offenses are a series of eligible offenses listed in KRS 431.073(1)(a) which arose from a single incident.
 - ☐ a full pardon has been granted by the Governor, a copy of which is attached.
 - ☐ the offense is an eligible offense under KRS 431.073(1)(d). *(Must complete **section 7** on page 2.)*
 - ☐ the offenses are multiple eligible offenses under KRS 431.073(1)(d). *(Must complete **section 7** on page 2.)*
3. The Defendant has not, in the five years prior to the filing of this Application, been convicted of a felony or misdemeanor.
4. No proceeding concerning a felony or misdemeanor is pending or being instituted against the Defendant.
5. This Application is filed no sooner than five years after completion of the Defendant's sentence or successful completion of the Defendant's probation or parole, whichever occurs later.

6. List the names of all victims of the crimes listed above (if known):

Victims: _____

7. (Complete this section only if applying for expungement under KRS 431.073(1)(d). *Attach additional sheets, if needed.)

a. Did you complete any rehabilitative activities/programs in prison? (such as, but not limited to, education, counseling, alcohol or substance abuse programs, parenting classes, work programs) _____

b. Since you have been released, have you participated in any rehabilitative activities/programs? _____

c. How have you changed since being convicted or released (if incarcerated)? _____

d. Give examples of how you have been living a law-abiding life since being convicted/released. _____

e. What impact has a felony conviction had on your life? _____

f. If expungement is granted, how will this make a difference in your life? _____

g. Is there anything else you would like the Court to know as it considers whether to grant or deny this Application? _____

The Defendant moves that this Application to Vacate and Expunge a Felony Conviction be granted and that this Court enter an Order that the Kentucky State Police, the Kentucky Department of Libraries and Archives, and the following agencies expunge any records in the agencies' custody regarding these charges: **LIST AGENCIES AND ADDRESSES HERE:** (Records may be held at multiple agencies. Please identify any government agency that may have a record of your conviction such as, but not limited to, jail facilities or arresting agencies.)

I hereby state that the information provided above is true and accurate to the best of my knowledge.

Note: Defendant/Applicant must sign this Application **in the presence of** a notary **or** the circuit court clerk so that the notary/clerk can witness his/her signature.

_____, 2_____
Date

Defendant/Applicant Signature

Subscribed and sworn to before me by _____ this _____ day of _____, 2_____.

Notary/Clerk

My Commission Expires: _____ By: _____ D.C.

There is a \$50 non-refundable filing fee per application, due at the time of filing. The clerk cannot take your application without proper payment of this fee.

If an expungement order is granted, you will be charged an additional fee of \$250 ("expungement fee"), which you may pay in installments. If you would like to ask the Court to establish an installment payment plan, you will need to fill out the request below. Please note that the expungement cannot be completed until payment in full is received.

A copy of your current expungement eligibility certification must be attached to this Application.

REQUEST FOR INSTALLMENT PAYMENT PLAN

☐ The Defendant requests that the Court establish an installment plan for the payment of the expungement fee of \$250.

Defendant requests to pay \$ _____ ☐ weekly ☐ every other week ☐ twice per month ☐ monthly

☐ other _____, until paid in full.

NOTICE TO COMMONWEALTH/COUNTY ATTORNEY

Pursuant to KRS 431.073(2), the office of the Commonwealth Attorney or County Attorney who prosecuted the case shall file a response to this Application within 60 days after being served with this notice. An extension may be granted for good cause, but a hearing on the Application shall occur no later than 120 days following the filing of the Application. The office of the Commonwealth or County Attorney shall notify the victim of the crime if there was an identified victim.

FOR CLERK USE ONLY

This Application to Vacate and Expunge a Felony Conviction was sent on the _____ day of _____, _____, to the Commonwealth or County Attorney who prosecuted the case and the County Attorney of the County where the Judgment was entered.

Clerk

By: _____ D.C.