

# STATE OF NORTH CAROLINA

In The General Court Of Justice

## IN THE MATTER OF

## LAW ENFORCEMENT APPLICATION FOR VERIFICATION OF EXPUNCTION

G.S. 15A-151

Full Name And Address Of Applicant For Employment Or Certification (type or print)

Drivers License No.

State

Race

Sex

Date Of Birth

Full Social Security No.

**NOTE:** If the applicant's name, drivers license information, or social security number were different at the time of the prior expunction or the charge leading to the expunction, list the prior information in the fields below:

Former Name (Last, First, Middle)

Former Drivers License No.

State

Full Former Social Security No.

### APPLICATION FOR VERIFICATION OF EXPUNCTION

Pursuant to G.S. 15A-151, the undersigned hereby requests a search of the confidential records of expunction maintained by the Administrative Office of the Courts (NCAOC), for the purpose of determining whether the applicant named above previously has been granted an expunction pursuant to Chapter 15A of the General Statutes.

The undersigned hereby certifies that: (check **only one** option from Nos. 1-3)

1. The applicant named above has applied for employment with the law enforcement agency identified below, which is a State or local law enforcement agency of the State of North Carolina, and this request is made only for the purpose of an employment decision concerning the applicant.
2. The applicant named above is an applicant for certification by the (check one)
- a. North Carolina Criminal Justice Education and Training Standards Commission
  - b. North Carolina Sheriffs' Education and Training Standards Commission
- and this request is made only for the purpose of the Commission's determination concerning that certification.
3. **The applicant named above is a candidate for election or appointment to the office of Sheriff, and the requested report of expunctions is necessary to the North Carolina Sheriffs' Education and Training Standards Commission's preparation of the candidate's disclosure statement pursuant to G.S. 17E-20.**
4. The undersigned has been authorized by the hiring authority of the law enforcement agency or the Commission indicated above to make this request on behalf of the agency or Commission, as communicated previously to the NCAOC.

Date

Name Of Requester (type or print)

Signature Of Requester

**You must provide your agency name and address and your agency's ORI Number. If you wish for the verification to be sent to you by email, you must provide a valid, agency-issued email address (verifications will not be sent to a private email address). If you wish for the verification to be sent to you by mail, you must provide a self-addressed stamped envelope.**

Agency

NC Criminal Justice Education and Training Standards Commission

NC Sheriffs' Education and Training Standards Commission

Other: \_\_\_\_\_

Agency Name And Address (type or print)

ORI Number:

Email Address Of Requester (if requester wants verification to be sent to requester by email)

### CERTIFICATE OF VERIFICATION

I have searched the confidential file of persons granted an expunction in North Carolina and certify that:

- there is no record under the name of the applicant for an expunction under Chapter 15A of the General Statutes.
- there is a record under the name of the applicant for an expunction under Chapter 15A of the General Statutes, and it is attached to this form.

Date

Name Of Records Officer (type or print)

Signature Of Records Officer

**Ashley M. Naleimaile**