STATE OF NORTH CAROLINA					In The General Court Of Justice			
IN THE MATTER OF Full Name And Address Of Applicant For Employment Or Certification (type or print)					LAW ENFORCEMENT APPLICATION FOR VERIFICATION OF EXPUNCTION			
								G.S. 15A-1
Drivers License No.		State	Race		Sex	Date Of Birth		Full Social Security No.
NOTE: If the applicant to the expunction, list				ecurity I	number were	different a	t the time of th	he prior expunction or the charge leadir
Former Name (Last, First,	Middle)		For	mer Driv	vers License No	0.	State	Full Former Social Security No.
		APPLI	CATION FOR V	/ERIF		OF EXPL	JNCTION	
Administrative Office granted an expunction The undersigned here 1. The applicant	of the Courts on pursuant to reby certifies t named above	(NCAOC), Chapter 15 hat: <i>(check <u>c</u> has applied</i>	for the purpose of 5A of the General 5 001y one option from 500 for employment w	f deter Statut <i>n Nos.</i> vith the	mining whe es. 1-3) e law enforce	ther the a ement ag	pplicant nan	ounction maintained by the ned above previously has been ed below, which is a State or local ose of an employment decision
 a. North Ca b. North Ca and this reque 3. The applicant 	named above arolina Crimina arolina Sheriffs st is made only named above o the North Ca	I Justice Ed ' Education y for the pur is a candida rolina Sheri		ing Sta dards nissior appoin	andards Con Commission a's determination tment to the	nmission n ation conc office of	Sheriff, and t	certification. the requested report of expunctions aration of the candidate's disclosure
			y the hiring author cy or Commission,					Commission indicated above to AOC.
Date	Name Of Reques	quester (type or print)				Signature Of Requester		
	ovide a valid, a	agency-issi	ied email address	(verif	ications will	not be se	ent to a priva	e verification to be sent to you by te email address). If you wish for th
Agency NC Criminal Justic NC Sheriffs' Education Other:		-		ו 			ss (type or print,	
ORI Number:					Email Address	: Of Request	er (if requester w	vants verification to be sent to requester by em
			CERTIFICA	TE O		ATION		
I have searched the there is no record there is a record this form.	d under the na under the nar	ne of the a ne of the ap	applicant for an ex oplicant for an exp	puncti	on under Cl	hapter 15 apter 15A	A of the Ger	neral Statutes. eral Statutes, and it is attached to
Date	Name Of Records		or print)			Signature Oi	f Records Office	er -
		-		(O)	ver)			

INSTRUCTIONS

NOTE TO REQUESTER: Read these instructions carefully. Records of expunctions are some of the most confidential records in the court system. The Administrative Office of the Courts (NCAOC) will not disclose information about expunctions except in strict compliance with G.S. 15A-151(a) and 15A-152. If the NCAOC receives an application that fails to comply with these instructions, there may be no response to the application.

- 1. If you have any questions about this application or its completion, please consult your agency's or commission's legal counsel.
- 2. You may not strike through or modify any item on Side One. All of the information and statements on Side One are required for a valid application.
- 3. If you wish to submit an application electronically, the form is available electronically on the NCAOC's website by visiting <u>www.nccourts.gov/documents/forms</u>. In the "Contains" field, enter the number of this form, AOC-CR-280.
- 4. After completion, this form may be filed electronically by sending an encrypted email of the completed form to the email address below. This form may also be printed and submitted manually by mailing to the address listed below.
- 5. If you wish to complete the form manually, write clearly and legibly. Applications with illegible information may not receive a response. A self-addressed stamped envelope must be included for all mailed applications to receive a response. Applications submitted by mail without a self-addressed stamped envelope may not receive a response.
- 6. Provide complete information in every field on Side One. Identifying information such as drivers license information, date of birth, and social security number is critical to this application. If the staff of the NCAOC is unable to verify that a particular record of expunction pertains to the applicant, the NCAOC will respond that "there is no record of expunction" in order to avoid the risk of disclosing the expunction record of another person.
- 7. This application may be submitted only for the purposes listed in G.S. 15A-151(a)(4) through (a)(6) and in (a)(8).
- 8. DO NOT call the NCAOC to ask about the status of this application once submitted. In order to avoid improper disclosure of information about expunged cases, the staff of the NCAOC will not discuss this application with anyone over the phone. The NCAOC will not even acknowledge the receipt of this application. There will be no exceptions. The only response to this application will be by encrypted email or by U.S. mail, using your self-addressed stamped envelope after completion of the NCAOC search of the expunction records.
- 9. If you wish to receive the NCAOC's verification by email, send the application to:

NCAOC_Expunctions@nccourts.org

10. If you wish to receive the NCAOC's verification by mail, send the application and self-addressed **stamped** envelope to:

NC Administrative Office of the Courts Attn: Records Officer PO Box 2448 Raleigh, NC 27602