**The Superior Court of the State of Delaware**

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| Petitioner |
|  |
| Street Address (including Apt) |
|  |
| P.O. Box Number |
|  |
| City/State/Zip Code |
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| --- |
| Civil Action Number |
|  |
| (Leave Blank – Court Will Assign) |
| **PETITION FOR EXPUNGEMENT OF CRIMINAL RECORD** |

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|  | The charges listed below are a continuation of the Petitioner’s list of charges on the Petition for Expungement of Adult Record to which this form is attached. | | | | |
| **Case ID Number or**  **Criminal Case Number** | | **Charge** | **Disposition** | **Disposition**  **Date** | **Court of Record** |
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