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

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| Petitioner |
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| Street Address (including Apt) |
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| 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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| [x]  | 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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