IN THE CIRCUIT COURT FOR MONTGOMERY COUNTY
TENNESSEE AT CLARKSVILLE

REQUEST FOR REMOVAL OF CRIMINAL OFFENDER RECORD PURSUANT TO T.C.A. §40-32-101(j)

State of Tennessee v. Your name goes here Circuit Docket No. only ONE case per form
General Sessions No. _____

Defendant/Arrest Information:

Your name goes here
Defendant (name used at time of arrest)

Race M/F Sex MM/DD/YYYY Date of Birth

Who arrested you? (MCSD, CPD, THP, APSU)
Arresting Agency

What day you were arrested/cited
Date of Arrest

What you were charged with
Charge 1 (As shown on arrest fingerprint card)

XXX-XX-XXXX
SSN#

What you were charged with
Charge 2 (As shown on arrest fingerprint card)

What you were charged with
Charge 3 (As shown on arrest fingerprint card)

Disposition Information:

What you were charged with or what your charge was reduced to
Final Charge 1

What you were charged with or what your charge was reduced to
Final Charge 2

What you were charged with or what your charge was reduced to
Final Charge 3

Dismissed/Pretrial Diversion/Post Trial Diversion/Nolle
Final Disposition

***The Defendant understands that this request will only remove the requested charges from the Tennessee Bureau of Investigation database, the National Crime Information Database, and/or any public electronic database maintained by the court clerk, pursuant to T.C.A. §40-32-101(j), if eligible. This request will not expunge all records from any court file or other county database. Court clerks shall not be liable for any errors or omissions relating to the removal and destruction of records under this petition.**

Your Name or Attorney's Name

Date: Today's date

Your name, address and phone number
Street Address
Phone Number