

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NUMBER: \_\_\_\_-\_\_\_\_-MI-\_\_\_\_\_

IN RE: PETITION TO RESTRICT )  
ACCESS TO CRIMINAL HISTORY )  
RECORDS OF \_\_\_\_\_)

**Verified Petition Under I. C. 35-38-8 To Restrict Access to Criminal**

**Supplemental Form for Additional Criminal Records**

Criminal Record #2

- a. What was the date of your arrest \_\_\_\_\_
- b. Please indicate the name of the law enforcement agency that arrested you  
\_\_\_\_\_
- c. Indicate the name of the offense for which you were arrested \_\_\_\_\_
- d. What date you were convicted of the offense in court \_\_\_\_\_
- e. What was the crime for which you were convicted \_\_\_\_\_
- f. Add the criminal case number from your conviction \_\_\_\_\_
- g. What was the date you were sentenced for the crime \_\_\_\_\_
- h. Provide the full details of the court sentence for the conviction \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- i. On what date did you complete your sentence \_\_\_\_\_
- j. List the names and addresses of **All** the entities or persons that incarcerated you or provided treatment or other services by order of the court. If the court grants your petition, orders will ONLY be sent to agencies that YOU list in your petition:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(signed) \_\_\_\_\_

(printed) \_\_\_\_\_