



Superior Court

Instructions for Filing a Motion to Expunge or Seal Record - Felony

1. Fill in the required fields in the Motion to Expunge or Seal Record – The Defendant’s name, case number, bureau of criminal identification number, the count(s), charge(s), and disposition(s) of the case, and the name of the police department that charged the case. Also, indicate whether you are moving to seal or expunge your criminal records.
2. The Clerk’s Office will fill in the hearing date for the motion. The date will be at least ten (10) days from the date the motion is filed, because you are required under the law to provide at least ten (10) days’ notice of the hearing to the Office of the Attorney General and the police department that charged the case.
3. Certify that you have provided notice to the Office of the Attorney General and the law enforcement agency that charged the case and then sign the motion.
4. In the Affidavit in Support of the Motion to Expunge or Seal Record, identify the part applicable to your motion.
 - Part One: If you were acquitted (found not guilty), the case was dismissed, a no true bill was returned, or no information was filed.
 - Part Two: If you were convicted of a single felony offense and have not been previously convicted of or placed on probation for a felony or a misdemeanor.
 - Part Three: If you pled guilty or nolo contendere and your sentence was deferred by the court pursuant to a written deferral agreement.
 - Part Four: If the offense has been decriminalized subsequent to the date of your conviction.
5. Put a check mark in the box for each statement that is true under the Part applicable to your motion (see above).
6. Sign the Affidavit in Support of the Motion to Expunge or Seal Record on the line marked “Signature of the Defendant” in the presence of a notary public or clerk. If the Motion to Expunge or Seal Record is being filed by an attorney for a decriminalized offense, an Affidavit in Support of the Motion to Expunge or Seal Record is not required.
7. Bring the Order for Expungement or Sealing of Record to the hearing.
8. If your motion is granted, all financial obligations owed (fines, fees, costs, restitution, and assessments) must be paid in full to complete the expungement process. Upon all conditions being satisfied, the clerk’s office will prepare three (3) certified copies of the order. One (1) copy is for your records, one (1) copy is for the Office of the Attorney General’s Bureau of Criminal Identification Unit (BCI), and one (1) copy is for the police department that charged the case. You are responsible for delivering the copies to these agencies.



Superior Court

Motion to Expunge or Seal Record - Felony

State of Rhode Island v. Defendant	Case Number	Date of Birth
	Bureau of Criminal Identification Number	
<input type="checkbox"/> Murray Judicial Complex Newport County 45 Washington Square Newport, Rhode Island 02840-2913	<input type="checkbox"/> Noel Judicial Complex Kent County 222 Quaker Lane Warwick, Rhode Island 02886-0107	
<input type="checkbox"/> McGrath Judicial Complex Washington County 4800 Tower Hill Road Wakefield, Rhode Island 02879-2239	<input type="checkbox"/> Licht Judicial Complex Providence/Bristol County 250 Benefit Street Providence, Rhode Island 02903-2719	

The Defendant requests that the above-referenced case containing the following charge(s) be
☐ **expunged** ☐ **sealed**.

1. Count(s): _____ _____ _____ _____	2. Charge(s): _____ _____ _____ _____	3. Disposition(s): _____ _____ _____ _____
--	---	--

The Defendant respectfully moves this honorable court that:

- ☐ Pursuant to G.L. 1956 § 12-1-12, any fingerprints, photographs, physical measurements, or other record of identification taken by the Office of the Attorney General or any other authorized law enforcement agency shall be **destroyed**, all records of the Bureau of Criminal Identification (BCI) shall be **sealed**, and all court records shall be **sealed** in accordance with G.L. 1956 § 12-1-12.1.
- ☐ All records and records of conviction relating to the conviction of the above-referenced case be **expunged** and all index and other references to the case be removed from public inspection pursuant to G.L. 1956 § 12-1.3-3(c) or (e).

An Affidavit is submitted in support of this motion (except for decriminalized offenses when the motion is filed by an attorney). This motion is called for a hearing on _____ at _____ in courtroom _____ at the court location listed above.

I hereby certify that pursuant to G.L. 1956 § 12-1-12.1(b)(1) or § 12-1.3-3(a), on _____, the Office of the Attorney General and the _____ Police Department, which originally brought this charge, have been notified of this motion and the court date is at least ten (10) days prior to the hearing date.

/s/ _____ Attorney for the Defendant or the Defendant	Rhode Island Bar Number
	Date



Superior Court

Affidavit in Support of Motion to Expunge or Seal Record - Felony

State of Rhode Island v. Defendant	Case Number	Date of Birth
	Bureau of Criminal Identification Number	

I, the undersigned, do hereby, under oath, make this affidavit in support of my Motion to Expunge or Seal Record:

Part One: ☐ That I was charged with the crime(s) listed in Box 2 of the motion.
Acquittals, ☐ That I was acquitted or otherwise exonerated of this offense(s).
Dismissals, ☐ That the case was dismissed against me.
No True Bill, ☐ That a no true bill was returned.
No Information ☐ That no information was filed.

Part Two: ☐ That I was charged with the crime listed in Box 2 of the motion.
Single Conviction ☐ That I received the disposition listed in Box 3 of the motion.
☐ That the disposition listed in Box 3 of this motion is not a conviction for a crime of violence.
☐ That I was convicted of a single misdemeanor offense, and I have not been previously convicted of or placed on probation for a felony or a misdemeanor.
☐ That more than ten (10) years have passed from the date of the completion of my last sentence.
☐ That in the ten (10) years preceding the filing of this motion, I have not been convicted of nor arrested for any felony or misdemeanor.
☐ That there are no criminal proceedings pending against me, and I have exhibited good moral character.
☐ That I have satisfied in full any and all outstanding court-imposed and/or court-related fines, fees, costs, assessments, and/or charges.

Part Three: ☐ That I was charged with the crime listed in Box 2 of the motion.
Deferred Sentence ☐ That I pled guilty or nolo contendere to the crime listed in Box 2 of this motion.
☐ That my sentence for the crime listed in Box 2 of this motion was deferred by the court pursuant to a written deferral agreement filed with the clerk of court.
☐ That I have completed my deferment sentence.
☐ That I have complied with all the terms and conditions of my deferral agreement, including, but not limited to, the payment of any and all outstanding court-imposed and/or court-related fines, fees, costs, assessments, and/or charges.
☐ That I have not been convicted of a crime of violence.
☐ That there are no criminal proceedings pending against me, and I have exhibited good moral character.

Part
Four:
***Decriminalized
Offense***

- ☐ That I was charged with the crime listed in Box 2 of the motion.
- ☐ That I received the disposition listed in Box 3 of the motion.
- ☐ That all conditions of the original criminal sentence have been completed.
- ☐ That I have satisfied in full any and all outstanding court-imposed and/or court-related fines, fees, costs, assessments, and/or charges.
- ☐ That the offense has been decriminalized subsequent to the date of my conviction.

Signature of the Defendant

Date: _____

State of _____

County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____

☐ personally known to me or ☐ proved to me through satisfactory evidence of identification, which was _____, to be the person who signed above in my presence, and who swore or affirmed to me that the contents of the document are truthful to the best of his or her knowledge.

Notary Public: _____

My commission expires: _____

Notary identification number: _____