

AUTHORIZATION FOR RELEASE OF LIMITED ACCESS INFORMATION

DEFENDANT'S FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH
DEFENDANT'S CURRENT ADDRESS		E-MAIL ADDRESS	
CITY:	STATE:	ZIP CODE:	
PHONE NUMBER	SID (IF KNOWN)	PID (IF KNOWN)	SOCIAL SECURITY NUMBER
LIST ANY KNOWN CASE NUMBERS AND ANY ALIASES USED			
<p>I hereby authorize the Clerk of Courts, Court of Common Pleas Wyoming County, Pennsylvania to RELEASE to the Law Firm and/or attorney identified below whom I have retained to represent me, copies of my complete Limited Access Court Summary and Limited Access dockets for any and all cases in which I am a defendant, including, but not limited to Juvenile Court information and information covered by "Clean Slate" or Act 55, which are necessary for the filing of:</p> <p style="text-align: center;"> <input type="checkbox"/> Expungement Petition <input type="checkbox"/> Petition for Clemency Pardon <input type="checkbox"/> Other </p> <p>I verify that the statements made herein are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.</p> <p style="text-align: right;">Date: _____</p> <p>_____ SIGNATURE OF DEFENDANT</p>			
ATTORNEY INFORMATION			
<p>I have been retained by the above-named person to represent them in connection with an arrest and/or conviction in Wyoming County of an offense which is subject to Limited Sealing due to the provisions of the Clean Slate Act. The above-named person does not have the information regarding the arrest or conviction, which is necessary for the filing of an expungement petition or a petition for clemency/pardon. As noted above, I, or my Law Firm, have been authorized to obtain the Limited Access Docket and Court Summary, which will provide sufficient information regarding the offense to enable me to enter an appearance for the above individual for the purposes set forth above, and to hereafter obtain any additional necessary information.</p>			
LAW FIRM NAME			
ATTORNEY'S FIRST NAME	ATTORNEY'S MIDDLE NAME	ATTORNEY'S LAST NAME	PA SUPREME COURT ID NO.
ATTORNEY'S EMAIL ADDRESS:			PHONE NO:
LAW FIRM-ATTORNEY ADDRESS			
CITY	STATE	ZIP CODE	
<p>I verify that the statements made herein are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.</p> <p style="text-align: right;">Date: _____</p> <p>_____ SIGNATURE OF ATTORNEY</p>			
FOR COURT USE ONLY			
<p>Paid copy/research fee: Mailed to Attorney:</p>			