

STATE OF SOUTH CAROLINA  
COUNTY/MUNICIPALITY OF \_\_\_\_\_

IN THE MAGISTRATE/MUNICIPAL COURT  
**APPLICATION FOR EXPUNGEMENT  
PURSUANT TO §17-22-950(B)**

THE STATE OF SOUTH CAROLINA

Race \_\_\_\_\_ Sex \_\_\_\_\_  
DOB \_\_\_\_\_ SSN \_\_\_\_\_  
SID # \_\_\_\_\_

vs.

Charge was disposed of in the court indicated below:

\_\_\_\_\_

Defendant

Magistrate  Municipal

\_\_\_\_\_

Current Address

\_\_\_\_\_

AKA

The Defendant makes application to this court for the expungement of all records of the charge described below. Pursuant to §17-22-950(B), the charge was not dismissed at a preliminary hearing and I do not have charges pending in the summary court and a court of general sessions that arise out of the same course of events.

Full Name (at time of arrest): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Offense: \_\_\_\_\_ Warrant/Ticket Number: \_\_\_\_\_

Charge: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_

Were you fingerprinted for this charge? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Do Not Know

Disposition: \_\_\_\_\_ Date of Disposition: \_\_\_\_\_

Attorney Name (if represented): \_\_\_\_\_

Attorney Address: \_\_\_\_\_

NOTE: If this charge was dismissed or *nolle prossed* because of successful completion of the Pre-Trial Intervention Program, Traffic Education Program, Alcohol Education Program, Conditional Discharge, or any other statutorily authorized diversion program operated by a solicitor's office, **you must apply for an expungement at the solicitor's office.**

\_\_\_\_\_  
Signature