

STATE OF MONTANA
DEPARTMENT OF JUSTICE
DIVISION OF CRIMINAL INVESTIGATION
Criminal Records & Identification Services Section



PO BOX 201403
2225 11th AVENUE
HELENA MT 59620-1403

Expungement/Removal Request Form

Please check one:

- Per MCA 46-18-1101- misdemeanor conviction expungement
 - must include a fingerprint card and Order from the court
- Per MCA 44-5-202(8)- non-conviction removal
 - must include a photocopy of a valid state issued photo ID (driver's license) or passport
- Per I-190- marijuana conviction expungement
 - must include an Order from the court

I, _____ (print name) respectfully request an
expungement/removal for an arrest/conviction that occurred on _____,
where I was charged with:

Date of Birth: _____ (optional) Last 4-digits of Social Security Number: _____

Return Address: _____

Phone Number: _____ E-mail: _____

Signature: _____ Date: _____

Mail requests to CRISS, PO Box 201403, Helena, MT 59620

Allow 30 days for processing