

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

TIM FOX
ATTORNEY GENERAL



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

Expungement Request Form

Per House Bill 168 or MCA 44-5-202(8) (select one)

I, _____ respectfully request an expungement for an arrest that happened on _____, where I was charged with:

Name (printed): _____

Date of Birth: _____ Social Security Number (optional): _____

Return Address: _____

Phone Number: _____

Signature: _____ Date: _____

Mail expungement request forms to CRISS, PO Box 201403, Helena, MT 59620.
Requests made under House Bill 168 must include a fingerprint card and order from the court.
Requests made under MCA 44-5-202 must include a photocopy of a valid driver's license, state issued photo ID or passport.

Allow 30 days for processing