

1 PSR
2 **Insert Attorney or Petitioner's Name**
3 **Insert Bar # (If Attorney)**
4 **Insert Street Address**
5 **Insert City, State & Zip Code**
6 **Insert Telephone Number**

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13 **DISTRICT COURT**
14 **CLARK COUNTY, NEVADA**

15 In the Matter of the Application of,
16 **Insert Petitioner's Name,**
17 LVMPD CS# or ID#: **Insert CS# or ID#**
18 **Date of Birth**
19 For an Order to Seal Records

CASE NO:
DEPT NO:

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29 **PETITION TO SEAL RECORDS**

30 COMES NOW **Insert Petitioner's Name**, Petitioner, represented by **Insert attorney's**
31 **name if applicable or petitioner's name if not represented by counsel**, pursuant to the
32 provisions of NRS 179.245, 179.255, 176A.265, 179.259, 179.285 and/or 453.3365 and
33 respectfully represents the following:

34 That the Petitioner has been arrested as follows:

35 PLEASE BEGIN WITH YOUR MOST RECENT ARREST (refer to your SCOPE or
36 CRIMINAL HISTORY REPORT)

37 Date of Arrest: **Insert date of arrest**

38 Arresting Agency: **Insert arresting agency**

39 Case Number: **Insert case number**

40 Court Where Charges Were Handled: **Insert court name**

41 Charge: **Insert charge**

42 Final Outcome/Result/Disposition: **Insert final disposition**

43 Final Discharge/Release/Close Date: **Insert final close date**

1 that the statutory time periods have been fulfilled and that, in the period prescribed for any
2 convictions, the Petitioner has not been arrested, except for minor moving or standing traffic
3 violations, and that further action will not be brought concerning any arrests resulting in
4 dismissal or acquittal.

5 WHEREFORE, Petitioner waives a hearing in this matter and prays for an Order sealing
6 all records listed above, which are presently in the custody of this Court, of another court in
7 the State of Nevada or of a public or private agency, company or official of the State of Nevada,
8 including but not limited to, **Insert proper names and addresses of agencies to seal records.**

9 DATED this _____ day of _____, 20 _____.

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11 Insert Attorney or Petitioner's
12 **Name / Signature Required**
13 **Insert Bar Number (if attorney)**
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AFFIDAVIT
(NRS 15.010)

STATE OF NEVADA)
) ss
COUNTY OF CLARK)

Under penalty of perjury, I declare that I am the Petitioner in the above entitled matter; I have read the foregoing Petition to Seal Records and know the contents thereof; that the same is true of my own knowledge except as to those matters therein stated on information and belief, and as to those matters I believe them to be true.

EXECUTED on this _____ day of _____, 20 _____.

Insert Petitioner's Name / Signature
Required

1 OTS
2 **Insert Attorney or Petitioner's Name**
3 **Insert Bar # (If Attorney)**
4 **Insert Street Address**
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6 **Insert Telephone Number**

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ORDER TO SEAL RECORDS
Pursuant to the Petition of **Insert Petitioner's Name**, Petitioner, represented by **Insert attorney's name if applicable or petitioner's name if not represented by counsel**, and Steven B. Wolfson, District Attorney for Clark County, Nevada, having stipulated below, the Court finding that the statutory requirements of NRS 179.245, 179.255, 176A.265, 179.259, 179.285 and/or 453.3365 are satisfied, and good cause appearing, therefore

IT IS HEREBY ORDERED that the following records of arrest be sealed:

PLEASE BEGIN WITH YOUR MOST RECENT ARREST (refer to your SCOPE or CRIMINAL HISTORY REPORT)

Date of Arrest: **Insert date of arrest**

Arresting Agency: **Insert arresting agency**

Case Number: **Insert case number**

Court Where Charges Were Handled: **Insert court name**

Charge: **Insert charge**

Final Outcome/Result/Disposition: **Insert final disposition**

Final Discharge/Release/Close Date: **Insert final close date**

