



STATE OF INDIANA )  
 ) SS:  
COUNTY OF ALLEN )

ALLEN SUPERIOR COURT  
SMALL CLAIMS DIVISION  
CAUSE NO. \_\_\_\_\_

\_\_\_\_\_) )  
Petitioner, )  
 )  
 )  
vs. )  
 )  
\_\_\_\_\_) )  
Respondent. )

**VERIFIED PETITION TO EXPUNGE RECORDS**

Respondent, by counsel/in person and pursuant to Ind. Code § 34-26-7.5-1 *et seq.*, moves the court for expungement of the records related to the *ex parte* order for protection issued in this case, and in support states that:

1. The Respondent's full name: \_\_\_\_\_
2. The Respondent's date of birth: \_\_\_\_\_
3. The Respondent's address: \_\_\_\_\_
4. The case number or court cause number, if available: \_\_\_\_\_
5. The date of the order for protection *ex parte*: \_\_\_\_\_
6. The Respondent's Social Security number: (last four) XXX-XXX-\_\_\_\_\_
7. The Respondent's driver's license number: \_\_\_\_\_
8. A description of why the Respondent is entitled to relief, including all relevant dates:
  - (A) Dismissal of the petition before a court hearing on the protection order; or
  - (B) Denial of the protection order upon the order of the court; or
  - (C) Failure of the Plaintiff to appear to the court hearing on the protection order; or
  - (D) A protection order was reversed or vacated by an appellate court; or
  - (E) A petition for a protection order was filed but the court did not grant the petition.

WHEREFORE, Respondent, requests that the court grant this Petition and order records of this case expunged as specified in Ind. Code § 34-26-7.5-1.

**VERIFICATION**

**I affirm, under the penalty for perjury, that the foregoing statements are true and correct.**

Date: \_\_\_\_\_

\_\_\_\_\_  
**Respondent**

**CERTIFICATE OF SERVICE**

I hereby certify that I have served a copy of the foregoing on \_\_\_\_\_,  
\_\_\_\_\_, Fort Wayne, Indiana \_\_\_\_\_, by US Mail on or about the date of filing.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature