

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ COUNTY	<b>ORDER DENYING REQUEST TO EXPUNGE &amp; IMPOUND AND/OR SEAL CRIMINAL RECORDS</b>	For Court Use Only
<b>Instructions ▼</b> Directly above, enter the name of county where you will file the case.  Enter your name, birth date, race, and gender. List any other names you used when arrested on the cases listed on this form.  If the Clerk gave you a new case number, enter it to the right.	Request of:  _____ <b>Your name</b> (First, middle, last name)  _____ <b>Other names used in these cases</b>  _____  _____ <b>Date of birth</b> <b>Race</b> <b>Gender</b>	_____ <b>Case Number</b> (if the Clerk assigns a new number)

**DO NOT** fill in these lines. The judge will fill out and check the correct boxes.

**IT IS ORDERED:**

- Your *Request* is **DENIED** for all cases sought to be expunged; **OR**
- Your *Request* is **DENIED** for the following cases: \_\_\_\_\_

The reason your *Request* is denied for these cases: (check all that apply)

- Your records are not legally eligible to be expunged.
- You failed to attach the required drug test.
- The court finds that the public's interest in retaining your criminal records is greater than your interest in expunging your records.
- Other: \_\_\_\_\_

**DO NOT** fill in these lines. The judge will fill out and check the correct boxes.

**IT IS ORDERED:**

- Your *Request* is **DENIED** for all cases sought to be sealed; **OR**
- Your *Request* is **DENIED** for the following cases: \_\_\_\_\_

The reason your *Request* is denied for these cases: (check all that apply)

- Your records are not legally eligible to be sealed.
- You failed to attach the required drug test.
- The court finds that the public's interest in retaining your criminal records is greater than your interest in sealing your records.
- Other: \_\_\_\_\_

**DO NOT** fill in these lines. The judge will sign and enter date here.

**ENTERED:**

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

Enter the name and contact information of the person completing the *Order*.

Prepared by: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ Email Address: \_\_\_\_\_