

My Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

I am the  Victim of the crime being considered for expungement  
 Attorney for the victim and my Utah Bar number is \_\_\_\_\_  
 Prosecuting Attorney and my Utah Bar number is \_\_\_\_\_

In the Justice Court of Utah, Third Judicial District, Salt Lake County  
Salt Lake City Justice Court, 333 South 200 East, Salt Lake City, UT 84111

[www.slcgov.com/courts](http://www.slcgov.com/courts)

In Re Petition to Expunge the Records of

\_\_\_\_\_  
Petitioner

**Victim's Statement**

**Prosecutor's Statement**

Case Number \_\_\_\_\_

Judge \_\_\_\_\_

Attach additional pages as needed to complete paragraphs that don't have enough space. Write the paragraph number on the additional page.

By and through my attorney, (Attorney, check here if you are appearing for your client.)

I say as follows:

(1) I  object  do not object to expunging the petitioner's records because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Choose  (2) if you have a recommendation and then choose the box(es) that describe your recommendation.)

(2)  I recommend that:

The court should expunge the records.

The court should not expunge the records.

Other recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have not included any non-public information in this document.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true and correct.

\_\_\_\_\_ Sign here ► \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Typed or Printed Name \_\_\_\_\_

<b>Certificate of Service</b>			
I certify that I served a copy of this Statement by the <input type="checkbox"/> Victim <input type="checkbox"/> Prosecutor on the following people.			
Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Prosecutor)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		

\_\_\_\_\_ Sign here ► \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Typed or Printed Name \_\_\_\_\_