IN 7	THE	COURT OF	, ARKANSAS	
		DIVISIO	ON	
STA	TE OF ARKANSAS		PLAINTIFF	
vs.	C	ase No		
(Firs	t, Middle and Last	name)	DEFENDANT	
	PETITION TO SE	EAL ARREST UNDER	ACT 1460 OF 2013;	
		A.C.A.16-90-1401, Et. S		
Com	es the Defendant ar	nd for his/her petition to	seal the record states:	
1.	The Defendant was	s arrested on the	day of,	
	, and cha	arged with the offense(s	s) of:	
	A Class	felony [_] misdemeanor	in violation of A.C.A.§	
2.	. More than one (1) year has passed since the Defendant was arrested and neither the prosecuting attorney nor the city attorney has filed charges against the Defendant for the above referenced arrest(s).			
3.	The Defendant has	s paid all filing fees requ	ired to be paid with the	
	filing of this Petition mandated by A.C.A §16-90-1419.			
4.	<pre>Defendant has n court; or</pre>	o pending felony charg	es in any state or federal	

[_][Defendant has one or more pending felony charges in state or			
fede	eral court and the status of that/those charges is/are as follows:			
5. Def	Defendant [] IS or [] IS NOT required to register as a sex offender under the Sex Offender Registration Act of 1997 (A.C.A.§ 12-12-901,			
und				
et s	eq)			
6. As evidenced by my signature below, the above information is				
and	and correct to the best of Defendant's knowledge.			
WH	EREFORE, the Defendant,			
prays this	Court enter an Order Sealing the above referenced arrest(s)			
pursuant	to A.C.A. §16-90-1409.			
	Defendant's Signature			
	Date			
	FOLLOWING INFORMATION IS REQUIRED FOR PROPER ENTIFICATION OF THE DEFENDANT IN THE STATE AND NATIONAL RECORD SYSTEMS			
Race	Arrest Tracking Number			
	SID No.			
DOB	FBI No. (if known)			

Certificate of Service

I,, do	hereby certify that a true and correct
copy of the foregoing Petition has bee	n provided to either the Prosecuting
Attorney for the County in which the P	etition has been filed or to the City
Attorney depending on which office pr	osecuted the case and the arresting
agency by placing a copy of this Petition	on in the United States mail, postage
prepaid, to said office or by hand deliv	ering a copy to said office.
	Defendant or Defendant's Attorney
	Date
Defendant Address, Street:	
City:St	ate:Zip code: