Attorneys at Law
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	Sealing/	Expungement Inf	ormation F	orm	
Client Current N	ame:	rst Mide			
DOB: First DI #:		rst Mide	Middle Las SSN:		
St	reet Number	Street Name			
C	ity	County		State	Zip Code
Telephone:	Telephone:				
Former Names:	(Listed as First)	Middle Last and Dates U	Jsed)		
		<b>Charges</b>			
Date of Offense:		Statute:	Coı	County:	
Charge:			Lev	/el: M F	<del></del>
Disposition:			Sentence/Pro	bation Ende	ed:
Date of Offense:		Statute:	Coı	ınty:	
Charge:			Lev	/el: M F	<u></u>
			Sentence/Probation Ended:		
Date of Offense:		Statute:	Coı	ınty: _	
				•	

Date of Offense:	Statute:	County:		
Charge:		Level: M F		
Disposition:		Sentence/Probation Ended:		
Date of Offense:	Statute:	County:		
Charge:		Level: M F		
Disposition:		Sentence/Probation Ended:		
Date of Offense:	Statute:	County:		
Charge:		Level: M F		
Disposition:		Sentence/Probation Ended:		
Date of Offense:	Statute:	County:		
Charge:		Level: M F		
Disposition:		Sentence/Probation Ended:		
Date of Offense:	Statute:	County:		
Charge:		Level: M F		
Disposition:		Sentence/Probation Ended:		
Date of Offense:	Statute:	County:		
Charge:		Level: M F		
Disposition:		Sentence/Probation Ended:		
Date of Offense:	Statute:	County:		
Charge:		Level: M F		
Disposition:		Sentence/Probation Ended:		
Any charges outside of the	Commonwealth of Kent	tucky:		
Additional Notes:				