

AFFIDAVIT FOR EXPUNGEMENT FROM THE CENTRAL REGISTRY

Personal Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ email address: _____

_____ COUNTY
(name of your county)

I

I, _____, swear (or affirm) under oath that, based on personal knowledge of the facts sworn (affirmed) to within this affidavit, there is good cause for expungement from the statewide central registry that maintains information on individuals who are the subject of substantiated determinations of child abuse or neglect. I am requesting that the following person's name be expunged from the central registry (Include any alias used at the time of the substantiated determination):

II

Good cause for expungement exists based on at least one of the following factors:

Reason for Expungement Request (Check all that apply):

- ☐ Newly discovered evidence showing inaccuracies in the substantiated report
- ☐ Evidence that no significant public purpose is served by continued listing
- ☐ Case closed or dismissed, resulting in reunification
- ☐ Circumstances that contributed to the finding no longer exist
- ☐ Actions taken to prevent reoccurrence of abuse or neglect

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III

I am providing the following supporting evidence to outline eligibility for expungement as indicated by my selections above (attach additional pages as needed):

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III

Pursuant to Mont. Code Ann. § 1-6-105, I declare under penalty of perjury under the law of Montana that the foregoing is true and correct, executed on this __day of , ,
_____, 20____.

(Your signature)

State of _____

County of _____

SIGNED AND SWORN (OR AFFIRMED) to before me on _____,
20____

by _____.

Notary Public for the State of _____

Printed name of notary _____

Title or rank: _____

Residing at _____

My Commission Expires _____