Motion to Set Aside Conviction Information Form

Name: _____
Phone Number: _____
Email Address: _____
Address: _____
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1. Describe why you feel your conviction should be set aside.

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2. What were the circumstances surrounding the offense?

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3. How have you complied with the Court's conditions? (Ex. Cooperation with probation, payment of fines, etc.)

4. Did you have any convictions before or after this offense? What were they/have they been resolved?

5. Was anyone else affected by the offense? How?

6. How much time has passed since the occurrence? How do you feel like you have changed since?

7. How old were you at the time of the offense and the conviction?

8. Are there any other reasons that your conviction should be set aside? What are they?