

STATE OF MONTANA  
DEPARTMENT OF JUSTICE  
DIVISION OF CRIMINAL INVESTIGATION  
**Criminal Records & Identification Services Section**



PO BOX 201403  
2225 11<sup>th</sup> AVENUE  
HELENA MT 59620-1403

**Expungement/Removal Request Form**

**PLEASE CHOOSE APPROPRIATE REQUEST TYPE:**

- Misdemeanor Conviction Expungement (One Time Privilege)- Per MCA 46-18-1101 MUST INCLUDE:  
• **FD-258 Blue Applicant Fingerprint Card** • **Original Court Order** • **District Court Order of the Expungement**
  
- Marijuana Conviction Expungement- Per I-190 MUST INCLUDE:  
• **Original Court Order** • **District Court Order of the Expungement**
  
- Non-Conviction Removal- Per MCA 44-5-202(8) MUST INCLUDE:  
• **Valid Identification: State Issued ID, Driver's License, or Passport** (Legible Photocopy) • **Court Order**
  
- Deferred Imposition: Dismissed – Criminal Justice Record Sealing MUST INCLUDE:  
• **Valid Identification: State Issued ID, Driver's License, or Passport** (Legible Photocopy) • **Court Order**

I, \_\_\_\_\_ (print legibly) respectfully request an,  
Expungement of a conviction/Removal of an arrest, that occurred on \_\_\_\_\_ (date of arrest).

I was fingerprinted and charged with:

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

Date of Birth: \_\_\_\_\_ Last 4-digits of Social Security Number(optional): \_\_\_\_\_

Return Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail requests to CRISS, 2225 11<sup>th</sup> Ave. PO Box 201403, Helena, MT 59620  
**This office will provide a confirmation letter once request is processed.**

**Allow 30 Days For Processing**