

Form 7: Cover Letter

(Date)

(Your name)

(Your address)

(City State ZIP Code)

(Your phone number)

(E-mail Address)

Office of the Attorney General
 Hughes Justice Complex
 Post Office Box 080
 Trenton, NJ 08625

Superintendent, New Jersey State Police
 Expungement Unit
 Post Office Box 7068
 West Trenton, NJ 08628

Judge, Municipal Court, _____

(Address)

County Identification Bureau

(Address)

(For pretrial intervention and conditional discharge)
 County Probation Office

(Address)

Chief of Police, _____

(Address)

Prosecutor, _____

(Address)

(If applicable)
 Warden/Administrator, _____

(Name of jail or prison)

(Address)

(For State Grand Jury cases)
 Division of Criminal Justice
 Attention: Records and Identification
 25 Market Street
 Post Office Box 085
 Trenton, New Jersey 08625-0085

RE: IN THE MATTER OF THE EXPUNGEMENT OF THE CRIMINAL/JUVENILE
 RECORDS OF

(Your name)

Reference No: _____
(Fill in reference number)

Dear Sir/Madam:

Enclosed is a copy of an Expungement Order. Please take the appropriate action to see that these records are expunged.

Sincerely,

(Your signature)