## MARIJUANA-RELATED CONVICTION AUTO-EXPUNGEMENT PETITION

## STATUTE: 5 V.I.C. §3734a – Expungement of criminal records of marijuana-related convictions

Purpose – Title 5 Virgin Islands Code Section 3734a states that the records of an arrest, a criminal complaint, conviction, and other information that resulted in a <u>conviction must be automatically</u> expunged for marijuana-related crimes or offenses where the amount of marijuana seized as part of the crime of offense was not more than two (2) ounces total weight.

Qualifying Offenses: 19 V.I.C. §§ 607(a)

## **APPLICANT INFORMATION**

## Personal Information (please print):

1. NAME: Click or tap here to enter text.

2. DATE OF Click or tap here to enter text.

BIRTH:

3. Physical Click or tap here to City: Click or tap STATE: Click or ZIP: Click or tap

Address: enter text. here to enter tap here to

text. here to enter text.

enter text.

4. MAILING Click or tap here to enter text.

ADDRESS:

5. PHONE NUMBER: Click or tap here to enter text. EMAIL ADDRESS: Click or tap here to enter

text.

CONVICTION INFORMATION: LIST THE CONVICTION(S) FOR WHICH YOU ARE REQUESTING AN			
EXPUNGEMENT			
Criminal Case No(s):	Date of Charge:	District Where Convicted/Charged:	
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	

**Supporting Documents:** Attach certified copies of the Virgin Islands police criminal record, Complaint or Information, and Judgment. This petition must also include a sworn statement by the Petitioner that there are no charges pending against him.

Certification: I, Click or tap here to enter text. the undersigned, declare under penalty of perjury	that the
nformation provided in this form is true and accurate to the best of my knowledge.	

Signature:	Date: Click or tap to enter a date

**Submission Instructions:** Please submit this form, along with any supporting documents, to the appropriate District or agency responsible for handling expungement requests in your jurisdiction.