

State of South Carolina  
Thirteenth Judicial Circuit  
W. Walter Wilkins, Solicitor

113 Court Street  
Pickens, SC 29671

Expungement Application 2019  
(Pickens County Only)

Telephone: 864-898-5628  
Telefax: 864-898-5632

**Eligibility:** Submitting an application for expungement does not guarantee that the charge(s) can be removed from my criminal record. I can submit my application to the Solicitor's Office or I may hire an attorney. Eligibility for expungement is determined by the South Carolina Legislature and the South Carolina Law Enforcement Division (SLED). Laws regarding expungements are subject to change at any time with or without notice. **All fees are non-refundable regardless of whether the charge(s) are found to be statutorily ineligible for expungement.** Falsification of any information on this application may result criminal charges and/or forfeiture of fees.

Please answer the following questions.	Yes	No
1. Were you charged, arrested or given a ticket in <b>Pickens County</b> ? List the charges that you are trying to get expunged?		
2. Do you have any pending charges in any Court in any county in South Carolina or in any other state or country? If so, list the charges.		
3. Have you ever had an expungement in South Carolina?		
4. Are you currently applying for an expungement in another county in South Carolina?		
5. Were you fingerprinted for the charge(s) that you are trying to get expunged?		
6. Do you have any out of state arrests or convictions?		
7. Were your charge(s) dismissed in Magistrate or Municipal Court?		
8. Were you required to register as a sex offender for the charge(s) that you are trying to get expunged?		
9. Are you applying on behalf of someone else? If so, what is your relationship to the person?		

**Name:**

First	Middle	Last	Suffix

**List All Other Names Used (Maiden, Divorced, Alias, Nickname):**

**Mailing Address: (Post Office Box or Street Address) Apartment/Lot Number**

<b>City</b>	<b>State</b>	<b>Zip Code</b>

**Home or Cell Phone Number:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Driver's License Number:** \_\_\_\_\_

<b>Sex:</b>	<b>Race:</b>	<b>Date of Birth:</b>	<b>Age:</b>

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attorney:** \_\_\_\_\_ **Date:** \_\_\_\_\_