

CAUSE NUMBER: _____
(The Court's identifying number for your case)

EX PARTE § **IN THE MUNICIPAL COURT**
§
_____ *(defendant's initials)* § **CITY OF ALLEN, TEXAS**

**PETITION FOR EXPUNCTION: POSSESSION, PURCHASE,
CONSUMPTION, OR RECEIPT OF CIGARETTE, E-CIGARETTE, OR
TOBACCO PRODUCT BY A MINOR**

Now, comes _____ *(defendant's legal name)*,
defendant in the original case and Petitioner herein, and provides the following
information as required by law:

1. Name: _____
Date of Birth: _____ *(xx/xx/xxxx month/day/year format)*
Sex: Male / Female *(circle one)*
Race: _____
Driver License # _____ Issuing State _____
Social Security #: _____ / _____ / _____
Address at the time of the incident:

Petitioner further provides the following information as required by law:

2. Offense charged: **POSSESSION, PURCHASE, CONSUMPTION, OR RECEIPT
OF CIGARETTE, E-CIGARETTE, OR TOBACCO
PRODUCT BY A MINOR (H.S.C. 161.252)**
Date of alleged arrest (if any): _____ *(xx/xx/xxxx month/day/year format)*
Date of alleged offense: _____ *(xx/xx/xxxx month/day/year format)*
County in which offense allegedly occurred: COLLIN
City of Citation or Arrest: ALLEN
Citing/Arresting law enforcement agency: ALLEN POLICE DEPARTMENT
My case's Allen Municipal Court cause number: _____
Date of my Judgment or Dismissal: _____ *(xx/xx/xxxx month/day/year format)*

Petitioner, being duly sworn, states under oath that he/she has completed the
tobacco awareness course and/or tobacco-related community service for the above
violation.

Petitioner requests that all records of said conviction be expunged pursuant to **Section 161.255, Health and Safety Code**, and the Court order expungement of all documents, records, and references thereof and release him/her from all disabilities resulting from said conviction. Petitioner further requests that said conviction may not be shown or made known in any manner for any purpose.

Petitioner has reason to believe that the following entities or agencies can be contacted at the following full mailing addresses, and may have records of files that are subject to expunction:

Name: Texas Department of Public Safety
Address: P.O. Box 4087
City: Austin, TX 78773

Name: Allen Police Department
Address: 205 W. McDermott Dr.
City, State & Zip: Allen, TX 75013

Name: City of Allen Municipal Court
Address: 301 Century Pkwy
City, State & Zip: Allen, TX 75013

**Enter the name and full address of any other entities/agencies that may be applicable below.*

Name: _____
Address: _____
City, State & Zip: _____

Name: _____
Address: _____
City, State & Zip: _____

Name: _____
Address: _____
City, State & Zip: _____

Respectfully submitted,

(signature)
Petitioner

Sworn and subscribed before me on this the _____ day
of _____, 20____. (leave blank)

(leave blank)
(Deputy Clerk)(Clerk)(Notary Public in and for the State of Texas)

***Texas law requires an individual who files an application under this article to pay the Court a fee in the amount of \$30.00 to defray the cost of notifying state agencies.**

This form may only be used in the Allen Municipal Court. Use of this form DOES NOT constitute legal advice, nor establish an attorney-client relationship between the Petitioner and any other person or entity. Petitioner understands that he/she has the right to consult and/or employ his/her own attorney to represent Petitioner in this matter.