Requirements to Obtain a Certificate of Good Standing

(Check each box to ensure you meet all of the requirements)

☐ I have been under the supervision of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County within three (3) years of petitioning the Court.

☐ I have been off of supervision for at least one year prior to petitioning the Court.

☐ I was not on supervision for a person felony or person Class A misdemeanor.

☐ I complied with all requirements of my sentence including conditions of supervision and any required treatment or educational programs.

☐ I have satisfied all court-ordered financial obligations or I am current on a payment plan ordered by the court or a third party as authorized by the Judicial Department.

☐ There are no criminal charges pending against me.

☐ I am currently employed, actively engaged in seeking employment, in school or training, or I have a lawful source of support.

Petitioner Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  | |  | |
| Last Name | First Name | | | Middle | | D.O.B. | |
|  | |  | | |  | |  |
| Street Address | | City | | | State | | Zip |
|  |  | | | | | | |
| Phone Number | E-mail Address or Message Phone | | | | | | |
|  |  | |  | | | | |
| Last County of Supervision | SID Number | | Last Probation/Parole Officer (if known) | | | | |

Request for Verification

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned petitioner, hereby request verification from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Community Corrections, that I meet the requirements to obtain a Certificate of Good Standing. I understand that I must submit a separate form provided by the State Court Administrator, along with the verification provided by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Community Corrections and any other necessary documentation to the Circuit Court in the County in which I reside.

Signature of Petitioner Printed Name Date

For Office Use Only

Received by (print name) Date of Receipt