



SECOND CHANCE THRU EXPUNGEMENT PROGRAM

VERIFICATION FORM

The following is required in order that we can verify the information below is accurate.

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DAY PHONE: _____ ALTERNATE PHONE: _____

DATE OF BIRTH: _____

EMAIL ADDRESS _____

STATE ID OR MICHIGN DRIVERS LICENSE #: _____

Provide the name under which you were convicted:

Provide the crime for which you were convicted:

Provide the name of the County and Court from which you were convicted:

Provide the date of the conviction:
