

STATE OF SOUTH DAKOTA)
)ss:
COUNTY OF _____)

IN CIRCUIT COURT
_____ JUDICIAL CIRCUIT

(Name of Applicant for Expungement)

Petitioner.

CIV NO: _____

WAIVER OF HEARING

Per SDCL 23A-3-29, I, _____, voluntarily waive my right to a hearing
Print your name
on the Motion for Expungement filed herein.

I am the: (check one)

- Defendant/Arrested Person
- Prosecutor
- Victim

I understand and acknowledge that I have a right to a hearing in this matter. I further understand that the court may require the filing of affidavits and may require the taking of evidence as it deems proper.

DATED this _____ day of _____, 20_____.

Sworn/affirmed before me this
_____ day of _____, _____.

Your signature

Print your name

(Notary Public/Clerk of Courts)
If Notary, my commission expires:_____.
(SEAL)

Physical Address

City, State, ZIP code

Telephone