

Conviction or Finding of Contempt of Guilty Except for Insanity (GEI)

Date of conviction, contempt finding, or judgment of GEI: _____

or

Date of release from prison or supervision by the Psychiatric Security Review Board (PSRB): _____

ORS137.225 does not prohibit a set-aside of this conviction

I am eligible to have my **CONVICTION** set aside because I was convicted or found Guilty Except for Insanity (GEI) of:

(CHECK ALL THAT APPLY)

Eligibility Date

Misdemeanor – Class A, *and*

3 years have passed since the later of the conviction/judgment or release date *and*

I have not been convicted of any other offense or found guilty except for insanity in the past 3 years

Misdemeanor – Class B or C, *and*

1 year has passed since the later of the conviction/finding/judgment or release date, *and*

I have not been convicted of any other offense or found guilty except for insanity (GEI) in the past year

Violation or Contempt of Court, *and*

1 year has passed since the later of the conviction/finding/judgment or release date, *and*

I have not been convicted of any other offense or found guilty except for insanity (GEI) in the past year

Sentence (including sanctions for contempt)

I have fully completed, complied with, or performed all terms of the sentence of the court

I was sentenced to probation in this case and:

My Probation WAS NOT revoked

or

My probation WAS revoked, and 3 years have passed since the date of revocation

Record of Arrest, Citation, or Charge

Date of arrest: _____

Arresting Agency: _____

I am eligible to have the **RECORD OF ARREST**, citation, or charge set aside because:

- No accusatory instrument was filed and at least 60 days have passed since the prosecuting attorney indicated that prosecution/contempt would not be pursued

Or

- An accusatory instrument was filed, and I was acquitted, or the case was dismissed

Fingerprints

- I have sent a copy of my fingerprints to the Department of the State Police

I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.

Date

Signature

Name (typed or printed)

Address

City/State/Zip

Phone Number

CERTIFICATE OF MAILING

I certify that on (date): _____ I delivered or placed in the United States mail a true and complete copy of this Motion to Set Aside and Declaration in Support to the Albany City Attorney, 260 Ferry St SW, Suite 202, Albany, OR 97321

Date

Signature

Name (typed or printed)