

Expungement Consult

Name: _____

Address: _____

Phone: _____

Email: _____

Date of birth: _____

Social Security No: _____

Conviction 1:

Approximate date or year: _____

Name of charge: _____

County: _____

Your explanation of what happened that led to your conviction: _____

Conviction 2:

Approximate date or year: _____

Name of charge: _____

County: _____

Your explanation of what happened that led to your conviction: _____

Conviction 3:

Approximate date or year: _____

Name of charge: _____

County: _____

Your explanation of what happened that led to your conviction: _____

I acknowledge that I am consulting with an attorney of Nye & Associates, PLLC for the purpose of a consultation only. I understand that unless I sign an Attorney Fee/Retainer Agreement, the attorney will take no further action on my behalf regarding any matter. I realize that the purpose of the consultation is only to make me familiar with possible rights, duties, liabilities, or other issues related to the matter I am seeking advise about. I realize that without actually retaining an attorney to represent me, there may be facts or other information that may affect any advise he/she may give me. I acknowledge that no representations or recommendations by the attorney during the consultation should be relied upon unless the attorney is retained in the matter.

Date: _____

Client

Please print and attach your ICHAT report if possible. Simply click this link <https://apps.michigan.gov/ICHAT/login.aspx?ReturnUrl=%2fICHAT%2fBackgroundSearch.aspx>, fill out the information and the fee is \$10.00.