

# County of Butler, Pennsylvania

## Office of Clerk of Courts

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### BUTLER COUNTY LIMITED ACCESS INSTRUCTIONS Pa.R.Crim.P. 791 (Act 5 of 2016)/CLEAN SLATE

Go Online to <https://MYCLEANSLATEPA.COM>. You may utilize the public website for docket information: <http://ujportal.pacourts.us>

Please fill out CPCMS Form #2105 completely and include with the fee of \$77.75 base fee + \$132 (Act 5 of 2016—effective date 11/12/16) for a total of \$209.75 at the time of filing. If a Miscellaneous Docket number must be utilized when case was disposed at the Magisterial District Judge Level, there is an additional cost of \$28.00 – (\$237.75 total). Checks or money orders can be made payable to the Butler County Clerk of Courts.

**ALL DEFENDANTS MUST ATTACH A COPY OF THE PENNSYLVANIA STATE POLICE CRIMINAL HISTORY WHICH SHALL BE OBTAINED WITHIN 60 DAYS BEFORE FILING THIS PETITION. YOU MAY OBTAIN FORM SP4-170 "Request for Individual Access and Review" ONLINE AT: <https://epatch.pa.gov>**

The original Petition for Limited Access should be filed at the Clerk of Courts' Office, PO Box 1208, Butler, PA 16003-1208, and a copy served on the D.A.'s office. **The D.A.'s Office has 30 days to consent or object to the Petition for Limited Access.** If the D.A. files his Consent, the motion will be forwarded to the Motion Court Judge for signature. If there is an Objection, most likely a hearing will be requested by the D.A.

An Order granting the Petition for Limited Access shall be stayed 30 days pending an appeal unless the Commonwealth has filed a consent to the petition in which case, the Order shall not be stayed. Certified copies of the Order will be mailed to each criminal justice agency identified in the Order.

12/23/25

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IN THE COURT OF COMMON PLEAS OF BUTLER COUNTY, PENNSYLVANIA  
COMMONWEALTH OF PENNSYLVANIA CP-10-\_\_\_\_-\_\_\_\_-\_\_\_\_

V.

\_\_\_\_\_  
(Defendant's Name)

**PETITION FOR LIMITED ACCESS PURSUANT TO  
PA.R.CRIM.P. 791  
CERTIFICATE OF SERVICE**

I served a copy of this Limited Access Petition on the DISTRICT ATTORNEY at the  
GOVERNMENT CENTER BUILDING on \_\_\_\_\_.

\_\_\_\_\_  
Defendant's Signature or Counsel if Represented

\_\_\_\_\_  
(Date)

LIMITED ACCESS PETITION TO BE PRESENTED TO THE COURT UPON  
RECEIPT OF DISTRICT ATTORNEY FILING CONSENT OR OBJECTION OR,  
AFTER 30 DAYS, WHICHEVER COMES FIRST.

Commonwealth Consents to this Limited Access Petition \_\_\_\_\_  
(Date)

Commonwealth Objects with Objections to be filed with the Clerk of Courts to be  
presented to the Court \_\_\_\_\_  
(Date)

In the Court of Common Pleas  
County of \_\_\_\_\_  
\_\_\_\_\_ Judicial District



Commonwealth of Pennsylvania  
v  
\_\_\_\_\_

Docket No \_\_\_\_\_

### Petition for Order for Limited Access Pursuant to Pa.R.Crim.P. 791

AND NOW, the petitioner avers the following and requests that this petition for order for limited access pursuant to Pa.R.Crim.P. 791 be granted for the reasons set forth below.

PETITIONER INFORMATION						
Full Name:		DOB:		Social Security Number:		
Address:		Alias(es):				
CASE INFORMATION						
List the name and address of the Court of Common Pleas, Magisterial District or Philadelphia Municipal Court Judge who accepted the guilty plea or heard the case:				List name and mailing address of the affiant as shown on the complaint, if available:		
Judge:				Name of Affiant:		
Address:				Address:		
Court of Common Pleas, Philadelphia Municipal Court or Magisterial District Docket Number:						
Date of Arrest or Complaint:		Name of Arresting Agency:			OTN:	
List specific charges, as they appear on the charging document, to be subject to limited access and the disposition of each charge (please attach additional sheet(s) of paper if necessary):						
PA Statute (Title)	Section	Subsection	Statute Description	Counts	Grade	Disposition
If the sentence includes restitution and/or the fee authorized to carry out limited access, have these amounts been paid? <input type="checkbox"/> Yes <input type="checkbox"/> No						
List the reason(s) for the order for limited access (please attach additional sheet(s) of paper if necessary):						
<input type="checkbox"/> I have attached a copy of my Pennsylvania State Police Criminal History Report obtained within 60 days before filing this petition.						
<input type="checkbox"/> I have not attached a copy of my Pennsylvania State Police Criminal History Report because the attorney for the Commonwealth waives this requirement.						

I, the undersigned petitioner, aver that above case qualifies for a limited access order and none of the exceptions under 18 Pa.C.S. § 9122.1(b) are applicable.

I, the undersigned petitioner, aver that the facts set forth in this petition are true and correct to the best of my personal knowledge or information and belief, and are made subject to the penalties of unsworn falsification to authorities under 18 Pa.C.S § 4904.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Date

**PENNSYLVANIA STATE POLICE  
REQUEST FOR INDIVIDUAL ACCESS AND REVIEW  
NOT FOR EMPLOYMENT PURPOSES**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take three months or longer.

REQUESTER NAME	
ADDRESS	
CITY/STATE/ ZIP CODE	
TELEPHONE NO. (AREA CODE)	

**FOR CENTRAL REPOSITORY USE ONLY  
CONTROL NUMBER**

**AFTER COMPLETION MAIL TO:**

**PENNSYLVANIA STATE POLICE  
CENTRAL REPOSITORY – RCPU  
1800 ELMERTON AVENUE  
HARRISBURG, PA 17110-9758**

**ENCLOSE A CERTIFIED CHECK/MONEY ORDER  
IN THE AMOUNT OF \$20.00, PAYABLE TO:  
"COMMONWEALTH OF PENNSYLVANIA"**

**THE FEE IS NONREFUNDABLE  
DO NOT SEND CASH OR PERSONAL CHECK**

(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE

**The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only. Questions concerning the expungement process must be directed to the court of jurisdiction.**

**Questions? Visit <https://epatch.pa.gov> or call  
1-888-QUERYPA (1-888-783-7972)**

**ACCESS & REVIEW - NOT FOR EMPLOYMENT PURPOSES - AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE.**

**MUST BE MAILED TO THE CENTRAL REPOSITORY WITH THE FOLLOWING:**

- COPY OF GOVERNMENT ISSUED PHOTO ID FOR SUBJECT.
- LEGAL AFFIDAVIT OR LETTER OF REPRESENTATION (IF APPLICABLE).
- CERTIFIED CHECK OR MONEY ORDER IN THE AMOUNT OF \$20.00.

**WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.**