

SUPPLEMENTAL SHEET

___ Yes ___ No **FELONY CONVICTIONS**

NO. _____ La. Rev. Stat. Ann. § _____ : _____
Name of the offense _____
 Conviction set aside/dismissed _____ / _____ / _____
pursuant to C.Cr.P. Art. 893(E) (MM/DD/YYYY)
 More than 10 years have passed since completion of sentence

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