

# COUNTY OF SACRAMENTO Probation Department 4100 BRANCH CENTER ROAD, SACRAMENTO, CALIFORNIA 95827

4100 BRANCH CENTER ROAD, SACRAMENTO, CALIFORNIA 95827 TELEPHONE (916) 875-5098 FAX (916) 362-5020



LEE SEALE
CHIEF PROBATION OFFICER

#### APPLICATION TO PETITION TO SEAL JUVENILE RECORD

I, the undersigned, hereby request the Probation Department of Sacramento County to Petition the Juvenile Court to seal my juvenile records in accordance with the provisions of Section 781 of the Welfare and Institutions Code, State of California.

| <b>APPLICATION</b>                           | N:      |           |                |                              |                |                |                   |                         |   |  |
|--|---------|-----------|----------------|------------------------------|----------------|----------------|-------------------|-------------------------|---|--|
| First Name                                   |         |           |                | Middle                       |                |                |                   | Last                    |   |  |
| Maiden Name                                  |         |           |                | Other Name(s) Used           |                |                |                   |                         |   |  |
| Street Address                               |         |           |                | City                         |                |                |                   | State                   | Zip                                     |  |
| Previous Address                             |         |           |                | City                         |                |                |                   | State                   | Zip                                     |  |
| Other Counti                                 | es Live | ed In Wit | th Dates       |                              |                |                |                   |                         | I                                       |  |
| Home/Cellular Phone                          |         | ne        | Work Phone     |                              |                |                |                   | Email Address:          |   |  |
| PERSONAL D                                   | DESCR   | RIPTION   | :              |                              |                |                |                   |                         |   |  |
| Sex  |         |           |                | DOB                          |                | Birthplace     |                   |                         |   |  |
| Height                                       | Weight  |           | Eyes           | Hair                         |                | SSN            |                   | Driver's License Number |   |  |
| Marks, Tatto                                 | os, or  | Scars     | 1              | 1                            |                | 1              |                   | 1                       |   |  |
| EDUCATION                                    | (state  | highest   | grade act      | nieved):                     |                |                |                   |                         |   |  |
| EDUCATION (state highest grade a Junior High |         |           |                |                              |                |                | Date              |                         |   |  |
| High School                                  |         |           |                |                              |                |                | Date              |                         |   |  |
| College                                      |         |           |                |                              |                |                | Date              |                         |   |  |
| EMPLOYMEN                                    | IT HIS  | TORY (ı   | ıse additio    | onal paper if n              | ecessary):     |                | 1                 |                         |   |  |
| Date (from/to)                               |         |           | ype of Wo      |                              |                |                | Reas              | Reason for Leaving      |   |  |
|  |         |           |                |                              |                |                |                   |                         |   |  |
|  |         |           |                |                              |                |                |                   |                         |   |  |
| MILITARY HIS                                 | STORY   | Y:        |                |                              |                |                |                   |                         |   |  |
| Branch                                       |         |           | Date (from/to) |                              |                |                | Type of Discharge |                         |   |  |
| If other than                                | Honora  | able Disc | charge, sta    | te reason for:               |                |                |                   |                         |   |  |
| ARREST REC                                   | ORD     | (List all | iuvenile a     | nd adult arres               | ts or citation | s. Use extra   | paper i           | if necessary            | /):                                     |  |
| Date Date                                    |         | A         | Arresting A    | gency                        | Offense        |                | Dispo             | sition (result          | t)                                      |  |
|  |         |           |                |                              |                |                |                   |                         |   |  |
| If you answere                               | ed yes  | to either | question,      | please explain               | on a separate  | e piece of pap | er. Rea           | son for requ            | any offense? Yes test or other comments |  |
| Signature                                    |         |           | NIO IKUE       | TRUE AND CORRECT TO THE BEST |                |                | Date              |                         |   |  |
| L  |         |           |                |                              |                |                |                   |                         |   |  |



# COUNTY OF SACRAMENTO Probation Department

4100 BRANCH CENTER ROAD, SACRAMENTO, CALIFORNIA 95827 TELEPHONE (916) 875-5098 FAX (916) 362-5020



LEE SEALE
CHIEF PROBATION OFFICER

Mail or Deliver to: 9605 Kiefer Boulevard, Sacramento, CA 95827- Attn: Record Seal Officer
WOULD YOU LIKE TO SPEED UP THE PROCESS OF HAVING YOUR JUVENILE
RECORDS SEALED? YOU MAY BE ELIGIBLE TO HAVE AN ATTORNEY
PREPARE YOUR PAPERWORK FOR FREE AT THE

# FREE JUVENILE RECORD SEALING CLINIC!

Sealing juvenile records through the Sacramento County Probation Department can be a lengthy process. Your voluntary participation in the Juvenile Record Sealing Clinic will help speed the process up.

If you would like an opportunity to participate in the next Juvenile Record Sealing Clinic, please complete and return *this page* and the *Application to Petition to Seal Juvenile Record* to: 9605 Kiefer Boulevard, Sacramento, CA 95827 - Attn: Record Seal Officer.

## If you are eligible:

- Clinic staff will contact you to confirm your participation and schedule an appointment.
- Probation will forward copies of your records to clinic staff.
- During the monthly clinics, volunteer attorneys and paralegals will meet with you and prepare the paperwork on your behalf.
- You will receive a copy of the documents that will be filed with the court.

### Participation in the clinic is free!

All you need to do is show up for your clinic appointment. Volunteers will help you do the rest.

|                                    | eligibility to participate in the FREE Juvenile to let Probation provide a copy of my juvenile and application to the Clinic. |  |  |  |  |  |  |
|------------------------------------|---|--|--|--|--|--|--|
| ☐ No, I do not want to be evaluate | ☐ No, I do not want to be evaluated   |  |  |  |  |  |  |
| Date:                              |   |  |  |  |  |  |  |
| Name (Please Print):               | Signature:  |  |  |  |  |  |  |
| Phone Number(s):                   | E-Mail:   |  |  |  |  |  |  |