

WASCO COUNTY JUVENILE DEPARTMENT
EXPUNCTION APPLICATION

NAME: _____ DOB: _____
AGE: _____

NAMES UNDER WHICH RECORDS ARE
FILED: _____

ADDRESS: _____

TELEPHONE: (work) _____ (home) _____ Soc. Sec. #

AGENCIES WHERE YOU BELIEVE RECORDS EXIST:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Has 5 years elapsed since the closure of your case or since your last contact with a juvenile department?
<input type="checkbox"/>	<input type="checkbox"/>	Did you ever go to juvenile court or were you made a ward of the court?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been convicted of a crime since your last contact with the juvenile court?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any law violations pending against you now, including traffic tickets?

SIGNATURE _____

DATE _____

(do not write below this line)

LETTER TO D.A.? Date _____ RETURNED? Date _____

RECORDS CHECK: Date _____ Result _____ Director Approval _____

HEARING: NO ___ YES ___ SET: _____

ORDER TYPED _____

ORDER SIGNED (Date: _____)

AGENCIES ORDER SENT TO: (21 day time limit expires: _____)

Agency	Date Sent	Date Returned
The Dalles City Police		
Wasco County Sheriff's Office		
OSP		
DHS		
Other Agency		

()Case #Log ()Index Card ()JDIS Entry ()FingerPrint Log ()Shred File