

**Application
For
Juvenile Records Expunction**

Full Legal Name:	Home Phone:	Date Of Birth:
AKA's; nicknames; aliases:		Social Security #
Current Address (City, State, and Zip):	Place of Birth:	Current Age:

I am requesting that the Clatsop County Juvenile Department initiate records expunction proceedings on my behalf. I understand that notice of this application must be sent to the District Attorney of any Oregon county in which an expungible record is kept. I further understand that a District Attorney may object to this application within 30 day, and if so, expunction may not occur without a court hearing. I also understand that the juvenile department will notify me if I am deemed ineligible for expunction, the date, time and place of any court hearing, or when expunction has been completed.

1. List all of your residence addresses during the past five (5) years:

2. Since your last contact with an agency as a juvenile, have you been convicted of a felony or a class A misdemeanor? (circle one) YES NO

If so, when and

where: _____

3. Are any proceedings currently pending against you in a criminal court or in a juvenile court?

(circle one) YES NO

If so, where:

4. Are you currently under the jurisdiction of an Oregon Juvenile court?

(circle one) YES NO

If so,

where: _____

5. List the names and address of all juvenile departments, juvenile courts, institutions, police agencies and other agencies, which you believe have an expungible record:

Date: _____ Signature of Applicant: _____
(must be signature of person who is subject of the record)