

**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	
		Has 5 years elapsed since the closure of your case or since your last contact with a juvenile department?
		Did you ever go to juvenile court or were you made a ward of the court?
		Have you been convicted of a crime since your last contact with the juvenile court?
		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: _____
- Hearing: No Yes If Yes, set: _____
- Order Typed
- Order Signed (Date: _____)

Agencies Order Sent to:

Date Sent

Date Returned

- | | | |
|--|-------|-------|
| <input type="checkbox"/> The Dalles City Police Dept. | _____ | _____ |
| <input type="checkbox"/> Wasco County Sheriff's Office | _____ | _____ |
| <input type="checkbox"/> Oregon State Police | _____ | _____ |
| <input type="checkbox"/> DHS | _____ | _____ |
| <input type="checkbox"/> OYA | _____ | _____ |
| <input type="checkbox"/> _____ | _____ | _____ |
| <input type="checkbox"/> _____ | _____ | _____ |

(21 day time limit expires: _____) _____ Trial Court Clerk Notice

() Case #Log () JJIS Entry () JDIS Entry () Fingerprint Card () Shred File