

**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	
		<b>Has 5 years elapsed since the closure of your case or since your last contact with a juvenile department?</b>
		<b>Did you ever go to juvenile court or were you made a ward of the court?</b>
		<b>Have you been convicted of a crime since your last contact with the juvenile court?</b>
		<b>Do you have any law violations pending against you now, including traffic tickets?</b>

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