SOLANO

COUNTY OF SOLANO

PROBATION DEPARTMENT

Christopher Hansen Chief Probation Officer **Donna L. Robinson** Chief Deputy Probation Officer

Dear Applicant:

You are applying for the sealing of your juvenile record, that is, any case in which you were cited to appear and/or appear and/or did appear before a Police Officer, Probation Officer, or the Juvenile Court in Solano County for any violation that occurred prior to your eighteenth birthday. Please read this information sheet carefully, then accurately complete and sign the attached application.

It is important that all of your contacts with police agencies (excluding traffic citations) be reported, as all agencies that have your record will be sent an order for sealing of your juvenile records. If you should fail to report a contact, it is possible that part of your record may not be sealed. Be careful to list all law enforcement agencies, programs, Probation Departments, placements and Juvenile Halls with which you had contact. (Juvenile Traffic Offenses cannot be sealed unless they were handled by the Juvenile Court Judge. Even if sealed, the Department of Motor Vehicles can still release this information pursuant to Welfare and Institutions Code 781).

To start the process, you must complete the attached form (application for record sealing pursuant to 781 W&I.) and submit it to Solano County Probation. The investigation process will begin shortly after we receive the completed application. The process will take a minimum of 4-6 weeks (and possibly longer depending on how old the case is and the workload of the Deputy Probation Officer). You will be contacted if any additional information is needed and to advise you of the court hearing date.

ELIGIBILITY:

Before submitting your application for juvenile record sealing, you must meet the following eligibility requirements; (Section 781 of the Welfare and Institution Code):

- 1. An applicant must have attained the age of 18, -OR- five years must have elapsed since the last juvenile arrest and/or dismissal by any Juvenile Court.
- 2. An applicant must not have been convicted of a felony since reaching the age of 18.
- 3. An applicant must not have been convicted of a misdemeanor involving moral turpitude (generally theft, fraud or sexual offenses) since reaching the age of 18.
- 4. An applicant must not have been found to have committed an offense listed in subdivision (b) of Section 707 of the Welfare and Institutions Code when he or she had attained 14 years of age or older.
- 5. Rehabilitation must have been obtained to the satisfaction of the court.

Tel: (707) 553-5253

Fax: (707) 647-2050

IN ADDITION TO THE ELIGIBILITY REQUIREMENTS SET FORTH IN THE WELFARE AND INSTITUTIONS CODE SECTION 781, THE PROBATION DEPARTMENT WILL NOT RECOMMEND TO THE COURT THAT YOUR RECORD BE SEALED UNLESS YOU MEET THE FOLLOWING CRITERIA:

- A. At least one year must have elapsed since the dismissal of the applicant's Wardship/Probation; or the case must have been closed or dismissed for insufficient evidence.
- B. Applicant must not be on any type of Probation or Parole, nor have any pending court appearances for any criminal matters.
- C. All of the applicant's adult and juvenile traffic matters must be clear (no unpaid fines, failures to appear (FTA's), no warrants, etc.).
- D. If Juvenile Court jurisdiction was terminated "unsuccessfully", five years must have elapsed since the date of termination.

FINGERPRINTS:

A criminal record check is conducted as part of the record sealing process. If there is a problem establishing your identity (could occur if you have a common name) you may be required to submit to fingerprinting. If this is necessary, you will be notified.

SOLANO COUNTY PROBATION DEPARTMENT

475 Union Avenue Fairfield, CA 94533-6332 Ph. (707) 784-7600 Fax (707) 784-7605

APPLICATION FOR SEALING OF JUVENILE RECORD

(Please Print)

(Please fill out this form and return it	to the Probation Departr	ment.)			
NAME:					
First	Middle		I	Last	
		PHONE NUMBER:			
(Maiden or A	AKAs)				
ADDRESS:					
Street	City			Zip	
BIRTHDATE:	PLACE:				
SOCIAL SECURITY:	DRIVER'S LI	CENSE NO).:		
DATE OF EMPLOYMENT:	EMPLOYER:				
OCCUPATION:	PAY:				
PHYSICAL DESCRIPTION:Race					
SEX: Male() Female() Mark	Height s, Scars or Tattoos:	Weight ————	Haır 	Eyes	
LIST ALL AGENCIES WITH WHO		CT AS A JU	VENILE (I	EXCEPT TRAFFIC)	
1	4	·	7		
2	5		8		
3	6	·	9		
LIST ALL POLICE DEPARTMENT AND THE DISPOSITION OF THE		SULTING I	N ARREST	Γ AS A JUVENILE	
1					
2					
3.					
EXPLAIN WHY YOU BELIEVE YO application and/or additional sheet(s)		BILITATE	D (Use the	back of this	
Applicant's signature			Date		

consideration):	e been rehabilitated (this page will be submitted to the court for
Name (Print):	Signature: