

NEVADA COUNTY

PROBATION DEPARTMENT

JUVENILE UNIT

Address: 109-1/2 North Pine Street Nevada City, California 95959 MIKE DENT Probation Program Manager

Telephone: (530) 265-1300 Fax: (530) 265-6280

APPLICATION TO PETITION TO SEAL JUVENILE RECORD

An applicant for record sealing must be at least 18 years of age.

One year must have elapsed between the time the record sealing is requested and the matter was closed in the probation department.

If you have been cited or have records in another county, you must apply to have those records sealed in that county.

Unpaid restitution or Carl F. Bryan II Juvenile Hall fees, will preclude acceptance of a record sealing application, until the fees have been paid and a receipt is provided (by you) to the probation department.

Please inform the probation department of any change in your mailing address.

There is a pre-application, non-refundable fee is \$150.00 for each record sealing. This pre-application, non-refundable fee is payable at the Nevada County Collection Division located at the Courthouse, 201 Church Street, Nevada City, CA. 95959. The Collection Division's telephone number is: (530) 265-1266. Once the fee has been paid and the department has received a receipt, your application for record sealing will be accepted and processed in the order received.

Payment of this fee does not guarantee your record will be sealed, but enables the probation department to accept and process your application, in accordance with Section 781 of the Welfare & Institutions Code.

Please note: The Nevada County Collection Department charges a \$35.00 Administrative Fee, which is in addition to the pre-application, non-refundable \$150.00 fee for each record sealing.

APPLICATION TO PETITION TO SEAL JUVENILE RECORD

I, the undersigned, hereby request the Probation Officer of Nevada County to petition the Juvenile Court to seal my juvenile record in accordance with the provisions of Section 781 of the Welfare and Institutions Code, State of California.

The following information is furnished to assist in the process of sealing of my records.

PLEASE PRINT CLEARLY NAME: First: Any other name used: Maiden Name: **ADDRESS:** Street: _____ City: _____ _____ Zip Code: _____ State: MAILING ADDRESS:_____ Previous Address: Home Phone: Work Phone: Cell Phone: **PERSONAL DESCRIPTION:** Sex: [] Male [] Female Birthdate: _____ Birthplace: Social Security No.: Driver's License No.: **EMPLOYMENT HISTORY:** (If more space is needed, use extra paper.) (List your present or most recent job.) Date (From/To) Type of Work Employer Reason for Leaving **MILITARY HISTORY:** Branch: ______ Date: _____ To: ______ To: _____ If other than Honorable, please state reason:

Applicant:		_
Application	to Petition to Seal Juvenile Records	
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	Arresting Agency	Offense	Disposition
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		No	
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I am now nar	uding court action for an offe	ense: Yes:	No:
-	yes to either question, please		NO
(II allswel is	yes to either question, please	e explain below.)	
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MAIL TO: Nevada County Probation Department – Juvenile Division

109 ½ N. Pine Street

Nevada City, California 95959-2504

<u>Telephone</u>: (530) 265-1300