



SONOMA COUNTY

PROBATION DEPARTMENT

Juvenile Probation Services (707) 565-6229 FAX (707) 565-6329
7425 Rancho Los Guillicos Rd., Dept B, Santa Rosa CA 95409

SONOMA COUNTY PROBATION DEPARTMENT
APPLICATION FOR SEALING OF JUVENILE RECORD

INSTRUCTIONS: Read the criteria on the back of this form to determine your eligibility to have your juvenile file sealed. Then fill out this application form as completely as possible. Submit your application, either in person or by mail, to the Sonoma County Juvenile Probation Department at Los Guillicos, 7425 Rancho Los Guillicos, Santa Rosa, CA 95409-6595. There is a \$130.00 non-refundable application fee for record sealing. Please include a check or a money order made out to Sonoma County Probation Department along with your application, if mailed. If delivered in person, cash is accepted. Payment of this fee is for the processing of the application only and does not guarantee that your record will be sealed.

Please review the Record Sealing Fee Options form and complete and return the attached forms that apply to your financial situation.

NAME: OTHER NAMES:
ADDRESS: AGE: BIRTH DATE:
CITY: STATE: ZIP CODE: TELEPHONE:
DRIVER'S LICENSE NO.: SOCIAL SECURITY NO:

PHYSICAL DESCRIPTION:

Sex Race Hair Eyes Height Weight

Any arrests since 18th birthday? Yes No If yes, when

Where? Conviction? Yes No Explanation PLEASE

NOTE: This investigation covers Sonoma County records only. If you have any record with any police or county agency outside Sonoma County, you must provide the name of the specific agencies and the incident report number(s).

Agency Name: Incident Report No.:

Agency Name: Incident Report No.:

Date: Signature:

SEE OTHER SIDE FOR RECORD SEALING ELIGIBILITY CRITERIA.

RULES OF SEALING

Section 781 Welfare and Institutions Code sets forth the following criteria which must be met in order for an applicant to have his/her record sealed.

1. The applicant must be free from juvenile court jurisdiction.
2. The applicant **must have attained the age of 18**, or it has been five years or more since the jurisdiction of the court ended, or five years after the applicant was cited to appear.
3. Rehabilitation has been attained to the satisfaction of the court since termination of juvenile court jurisdiction or action pursuant to Section 626 WIC.
4. The applicant has not been convicted of any felony since reaching the age of 18 years.
5. The applicant has not been convicted of any misdemeanor involving moral turpitude (sexual offenses, crimes involving intentional fraud or dishonesty) since termination of juvenile court jurisdiction.
6. The court shall not order the records sealed in any case:
 - A. In which the applicant has been found to have committed an offense listed under Section 707(b) W&I at 14 years of age or older (pursuant to 781(a) W&I).
 - B. In which the applicant has been convicted in a criminal court of any petition(s) transferred to adult court (found unfit or pursuant to 707.01 W&I) (Pursuant to 781(e) W&I).
 - C. When the destruction of any above records is prohibited (Pursuant to 781(d) W&I and 826(a) W&I).

RECORD SEALING FEE OPTIONS

Read carefully. Fill out forms completely.

- A. You may return the Application for Sealing form with the \$130.00 fee and disregard the rest of the attachments.

-OR

- B. If you are receiving public assistance, review, complete and return the attached Waiver Information Sheet, Section 1 (page 2) and you may be eligible for a fee reduction or waiver.

-OR

- C. If none of the options in Section 1 on page 2 apply, then please review, complete and return Section 2 on page 2 of the Waiver Information Sheet and complete and return the Application for Financial Evaluation (pages 3 and 4); you may be eligible for a fee reduction or waiver.

-OR

- D. If neither Section 1 nor Section 2 apply and you believe financial difficulties exist, continue to Item 3 (page 2) and follow the instructions to complete and return the Application for Financial Evaluation (pages 3 and 4).

You will be notified within 10 working days if you are approved for a fee reduction or waiver.

INFORMATION SHEET ON WAIVER OF RECORD SEALING FEE

Applicant's Name _____

You may not have to pay the record-sealing fee, or a portion thereof, if you are receiving financial assistance under one or more of the following programs:

- SSI and SSP (Supplemental Security Income and State Supplemental Payments Program)
- CalWORKs (California Work Opportunity and Responsibility to Kids Act, Implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
- The Food Stamp Program
- County Relief, General Relief (G.R.), or General Assistance (G.A.)

1. You must produce documentation confirming benefits from a public assistance agency or provide one of the following documents: *(Check all that apply below.)*

PROGRAM	VERIFICATION REQUIRED
<input type="checkbox"/> SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI computer-generated printout or blank statement showing SSI deposit or "Passport to Services"
<input type="checkbox"/> CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
<input type="checkbox"/> Food Stamp Program	Notice of Action or Food Stamp ID Card or "Passport to Services"
<input type="checkbox"/> General Relief/General Assistance	Notice of Action or copy of check stub or county voucher

-OR-

2. Your total gross monthly household income is less than the following amounts: *(Please check the number below which applies and fill out attached form completely.)*

Number in Family	Total Family Income	Number in Family	Total Family Income
1	\$ 969.79	6	\$ 2,626.04
2	1,301.04	7	2,957.29
3	1,963.54	8	3,288.54
4	1,963.54	More than 8	331.25

-OR-

3. Your income is not enough to pay for the common necessities of life for yourself and the people you support and also pay the record-sealing fee. *Please fill out attached form for financial evaluation completely as it will be used to determine your eligibility.*



SONOMA COUNTY JUSTICE SERVICES

FILE NO. _____

APPLICATION FOR FINANCIAL EVALUATION

INSTRUCTIONS TO APPLICANTS

The information you are asked to supply on this and other forms used for Financial Evaluation must be complete and accurate. This information will be used to determine: Your ability to pay a debt owed to the County of Sonoma; the amount and payment schedule required; and to process a claim of indigency.

APPLICANT (LAST)		(FIRST)	(MIDDLE)	BIRTHDATE	<input type="checkbox"/> M <input type="checkbox"/> F	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NO.
OTHER NAMES YOU HAVE USED IN LAST 10 YEARS INCLUDING MAIDEN NAME						MARITAL STATUS	
STREET ADDRESS				CITY	STATE	ZIP	HOME PHONE
EMPLOYMENT AND POSITION (APPLICANT)			HOW LONG?	ADDRESS		EMPLOYMENT PHONE	
SPOUSE (LAST)		(FIRST)	(MIDDLE)	BIRTHDATE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NO.	
EMPLOYMENT AND POSITION (SPOUSE)			HOW LONG?	ADDRESS		EMPLOYMENT PHONE	
NAME AND ADDRESS OF FRIEND OR RELATIVE NOT LIVING WITH YOU						PHONE	
1. MINOR CHILDREN LIVING WITH YOU - NAMES AND AGES			2.		3.		
CASH ON HAND \$			4.		5.		
BANK/CREDIT UNION ACCOUNTS		BALANCE \$	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN	BANK/CREDIT UNION ACCOUNTS		BALANCE \$	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN
HOUSEHOLD EXPENSES (Monthly) SHARED WITH PERSON OTHER THAN SPOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BUYING <input type="checkbox"/> RENTING \$ _____ CHILD/SPOUSAL SUPPORT \$ _____ UTILITIES \$ _____ FOOD/CLOTHING \$ _____ TRANSPORTATION/AUTO EXPENSE \$ _____ INSURANCE \$ _____ FINES/RETITUTION \$ _____ MEDICAL/DENTAL \$ _____ CHILD CARE \$ _____ OTHER \$ _____				INCOME SOURCE			
				APPLICANT'S INCOME		SPOUSE'S INCOME	
				<input type="checkbox"/> FULL TIME		<input type="checkbox"/> FULL TIME	
				<input type="checkbox"/> PART TIME		<input type="checkbox"/> PART TIME	
				<input type="checkbox"/> HOURLY		<input type="checkbox"/> HOURLY	
				<input type="checkbox"/> WEEKLY		<input type="checkbox"/> WEEKLY	
				<input type="checkbox"/> BI-WEEKLY		<input type="checkbox"/> BI-WEEKLY	
				<input type="checkbox"/> MONTHLY		<input type="checkbox"/> MONTHLY	
				GROSS PAY \$ _____		GROSS PAY \$ _____	
				<input type="checkbox"/> WEEKLY		<input type="checkbox"/> WEEKLY	
<input type="checkbox"/> BI-WEEKLY		<input type="checkbox"/> BI-WEEKLY					
<input type="checkbox"/> MONTHLY		<input type="checkbox"/> MONTHLY					
TAKÉ HOME PAY \$ _____		TAKÉ HOME PAY \$ _____					
<input type="checkbox"/> WEEKLY		<input type="checkbox"/> WEEKLY					
<input type="checkbox"/> BI-WEEKLY		<input type="checkbox"/> BI-WEEKLY					
<input type="checkbox"/> MONTHLY		<input type="checkbox"/> MONTHLY					
WORKER'S COMPENSATION \$ _____		WORKER'S COMPENSATION \$ _____					
<input type="checkbox"/> WEEKLY		<input type="checkbox"/> WEEKLY					
<input type="checkbox"/> BI-WEEKLY		<input type="checkbox"/> BI-WEEKLY					
<input type="checkbox"/> MONTHLY		<input type="checkbox"/> MONTHLY					
UNEMPLOYMENT \$ _____		UNEMPLOYMENT \$ _____					
<input type="checkbox"/> MONTHLY		<input type="checkbox"/> MONTHLY					
SOCIAL SECURITY/V.A. BENEFITS \$ _____		SOCIAL SECURITY/V.A. BENEFITS \$ _____					
<input type="checkbox"/> MONTHLY		<input type="checkbox"/> MONTHLY					
RETIREMENT/OTHER \$ _____		RETIREMENT/OTHER \$ _____					
<input type="checkbox"/> MONTHLY		<input type="checkbox"/> MONTHLY					
WELFARE/FOOD STAMPS \$ _____		WELFARE/FOOD STAMPS \$ _____					
<input type="checkbox"/> MONTHLY		<input type="checkbox"/> MONTHLY					
CHILD SUPPORT/SPOUSAL SUPPORT \$ _____		CHILD SUPPORT/SPOUSAL SUPPORT \$ _____					
<input type="checkbox"/> MONTHLY		<input type="checkbox"/> MONTHLY					
OTHER INCOME \$ _____		OTHER INCOME \$ _____					
<input type="checkbox"/> MONTHLY		<input type="checkbox"/> MONTHLY					

(OVER)

FOR OFFICE USE ONLY:

PLEASE LIST ALL OTHER MONTHLY PAYMENTS

LOAN PAYMENTS/NAME OF CREDITOR	DATE DUE	REASON FOR ACCOUNT	PRESENT BALANCE	MONTHLY PAYMENT
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

	YEAR	MAKE	MODEL	FINANCED BY
VEHICLES: AUTO/PICK-UP				
MOTORCYCLE				
BOAT/RV/TRAILER				
REAL PROPERTY				
PERSONAL PROPERTY				
ASSETS				

AUTHORIZATION TO RELEASE INFORMATION/DISCLOSE FINANCIAL INFORMATION TO A GOVERNMENTAL AGENCY

I/we hereby authorize the County of Sonoma and its duly authorized representatives to contact any employer, bank, savings and loan, credit union, creditor, insurance company, Attorney at Law or governmental agency regarding my/our financial condition. I/we hereby authorize any financial institution, as defined in the California Right to Financial Privacy Act, to disclose to Sonoma County and its duly authorized representatives any or all information contained in my/our financial records. Said disclosable information shall include, but is not limited to, all accounts, assets, liabilities, and financial transactions maintained by said financial institution. You may be required to provide your 3 most recent pay stubs or your most recent tax return.

WARNING: Perjury is a felony punishable by confinement in a State Prison (Penal Code Section 17(a); 118, 126, 127 and 872).

I DO HEREBY SWEAR, UNDER PENALTY OF PERJURY, THAT THE INFORMATION I HAVE PROVIDED FOR "APPLICATION FOR FINANCIAL EVALUATION" IS TRUE AND CORRECT.

APPLICANT'S SIGNATURE

SPOUSE SIGNATURE

DATE

DATE

WARNING!!!

Article III, Section 1788, of the California State Civil Code makes it a violation of law for any recipient of consumer credit to:

Submit false or inaccurate information or willfully conceal adverse information, bearing upon his/her credit worthiness, credit standing, or credit capacity; or fail to notify this office, within a reasonable period of time, of any change in name, address, or employment.

You may be required to reimburse the County of Sonoma for the services provided as ordered by the court.