

APPLICATION FOR SEALING JUVENILE FILES AND RECORDS

TO THE HONORABLE JUDGE OF THE JUVENILE COURT:

COMES NOW, _____, by and through:
(name of juvenile applicant requesting sealing)

() himself/herself

() his/her attorney of record (name) _____

I. IDENTIFYING INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

DOB: ____/____/____ Current Age: ____ Sex: Male Female Race: _____
(MM/DD/YYYY)

SSN: _____ DL #/ID card # (if applicable): State _____ No. _____

Address: _____
(Street) (City) (State) (Zip)

Mailing Address (if different): _____

II. OFFENSE INFORMATION

Offense: _____

Offense Level (circle one): CINS Misdemeanor Felony

Offense Date: ____/____/____

Location of Offense: _____

Arresting Agency: _____

_____ Mark here if additional offenses are attached.

ATTACHMENT: INFORMATION ON ADDITIONAL OFFENSES

Offense: _____

Offense Level (circle one): CINS Misdemeanor Felony

Offense Date: ____ / ____ / ____

Location of Offense: _____

Arresting Agency: _____

Offense: _____

Offense Level (circle one): CINS Misdemeanor Felony

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III. ELIGIBILITY FOR SEALING

Applicant attests that applicant is eligible for sealing because:

_____ Applicant is at least 18 years of age; OR

_____ Applicant is under ~~18~~17 years of age and or under 17 years of age and -at least ~~two~~one years have elapsed after the date of final discharge in all matters referred to the juvenile probation department;

AND

(1) Applicant does not have any delinquent conduct matters pending with any juvenile probation department or juvenile court;

(2) Applicant was not transferred by a juvenile court to a criminal court for prosecution under Section 54.02;

(3) Applicant has not as an adult been convicted of a felony; AND

(4) Applicant has no pending adult charges for a felony or a misdemeanor punishable by confinement in jail.

IV. LOCATION OF RECORDS

The Applicant has reason to believe that records relating to the Applicant's juvenile matters are held by the following officials and agencies (check the applicable ones):

_____ Texas Department of Public Safety, Criminal Records Department

_____ (COUNTY NAME) County Sheriff's Department

_____ Police Department, City of _____ (enter name of municipality)

_____ (COUNTY NAME) County Clerk's Office

_____ (COUNTY NAME) District Clerk's Office

_____ (COUNTY NAME) County Attorney's Office

_____ (COUNTY NAME) District Attorney's Office

_____ (COUNTY NAME) County Juvenile Probation Department

_____ Texas Juvenile Justice Department (only if committed to TJJD)

_____ Pre-Adjudications (Detention) Facilities _____

_____ Post-Adjudication Facilities _____

_____ Other (State Hospitals, Title IV-E Placement Facilities, Treatment Providers, etc.)

Applicant Signature

Date

Attorney Signature (if there is an attorney)

Date