



PROBATION DEPARTMENT
COUNTY OF HUMBOLDT

2002 HARRISON AVENUE EUREKA, CALIFORNIA 95501
PHONE: 707-445-7401 FAX: 707-443-7139

RULES FOR SEALING JUVENILE RECORDS

Section 781 of the California Welfare and Institutions code sets forth the following seven (7) criteria which must be met in order for an applicant to seal hi/her juvenile record(s):

1. The applicant must be free from Juvenile Court's jurisdiction.
2. It has been five (5) years or more since the jurisdiction of the Court ended, or five (5) years after the applicant was cited to appear, or the applicant has attained the age of eighteen (18) years.
3. The applicant has not been convicted of a felony since reaching the age of eighteen (18) years old.
4. The applicant has not been convicted of a felony or misdemeanor involving moral turpitude (crimes involving the intentional fraud or dishonesty and sexual offenses) since termination of the Juvenile Court's jurisdiction.
5. Rehabilitation has been attained to the satisfaction of the Court since termination of the Juvenile Court's jurisdiction or action pursuant to section 626 of the California Welfare and Institutions Code.
6. There is no civil law suit pending as a result of the criminal actions which caused the applicant to have a juvenile record.
7. The Court shall not order your record sealed in any case:
 - a. In which you have been found to have committed an offense listed under section 707(b) of the California Welfare and Institutions Code when you had attained 14 years of age or older (pursuant to section 781(a) of the California Welfare and Institutions Code.)
 - b. When you have been convicted in a criminal court of any petition(s) transferred to adult criminal proceedings (found unfit or pursuant to section 707.01 of the California Welfare and Institutions Code; and/or pursuant to section 781(e) of the California Welfare and Institutions Code.
 - c. When the destruction of any above records is prohibited (pursuant to sections 781(d) and 826(a) of the California Welfare and Institutions Code.

POTENTIAL HEARING ISSUES

The following time lines are presented as guidelines which the Court may wish to adopt in determining that rehabilitation has been achieved since termination of the Juvenile Court's jurisdiction and that the applicant has demonstrated rehabilitation since termination of jurisdiction for:

1. At least six (6) months since the Court's jurisdiction ended if jurisdiction was based on a non-violent petty misdemeanor.
2. At least one year since the Court's jurisdiction ended if jurisdiction was based upon multiple misdemeanors, misdemeanors involving violence or the threat of violence, and non-violent felonies.

Juvenile Record Sealing Application



Humboldt County Probation Department
2002 Harrison Avenue
Eureka, CA 95501
Phone: (707) 445-7401 FAX: (707) 443-7139

[For Department Use: J# _____ JV# _____]

INSTRUCTIONS:

Read the "Rules of Sealing" criteria 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 Humboldt County Probation Department at the address noted above. **There is a \$150.00 non-refundable application/investigation report fee for record sealing.** Please include a check or money order made out to Humboldt 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 your record will be sealed. You may also be charged a separate fee by the law enforcement agencies you have listed in this application. You will need to contact each agency to inquire about their fees. **If you are unable to pay the mandated application/report fee, please contact Revenue Recovery at 707.268.3332 to arrange for a financial appointment to review other payment options. Please note you will need to provide copies of total household income and verification, which can include current paystubs, Passport to Services, SSI/SSDI/SSA verification, etc...Applications will not be processed until fees have been paid in full and/or there has been a financial determination by Revenue Recovery.**

Please print full name and aliases clearly and accurately as this will be used in processing and completing your record sealing.

Name: _____
Last First Middle Maiden or Alias(es)

Current address: _____

Birth date: _____ Age: _____ Birthplace: _____
City and State

Telephone: _____
Home/Cell (area code + #) Work (area code + #)

Sex: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Social Security # Driver's License # Marks/Scars/Tattoos (describe)

JUVENILE RECORD:

A. Were you on probation with this department or did you have to meet with a probation officer?

Yes No Date your case was dismissed: _____

B. Were you ever booked into a county jail when you were a juvenile? Yes No

If yes, where, why and date: _____

DELINQUENT (CRIMINAL) VIOLATIONS:

List all law enforcement agencies that cited or arrested you as a juvenile (before your 18th birthday). Should you not remember specific dates, approximate the dates and offenses, but please list the police department in the city/town where offense took place accurately. (We cannot seal law enforcement records if we do not know where they exist.)

Police Department	Offense/Charge	Month/Year	Final Action Taken
1.			
2.			
3.			

(attach additional sheet if necessary)

TRAFFIC VIOLATIONS:

List all law enforcement agencies that cited you for traffic violations. If you cannot remember specific dates, approximate the dates and offenses, please list the law enforcement agency in the city/town where offense took place accurately. (We cannot seal law enforcement records if we do not know where they exist.)

Police Department	Citation	Month/Year	Final Action Taken
1.			
2.			
3.			

(attach additional sheet if necessary)

ADULT RECORD:

Have you ever been arrested or cited since your 18th birthday? If yes, complete the following and include all criminal and traffic arrests and citations received in the State of California and/or elsewhere in the United States. Attach an additional sheet if necessary.

Law Enforcement Agency	Offense/Charge	Month/Year	Final Sentence
1.			
2.			

EDUCATION:

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

GED: Yes No Name of school: _____

High school diploma: Yes No Name of school: _____

College/Institution/Vocational Program

Name: _____

Dates Attended: _____ to _____ Degree/Certificate: _____

College/Institution Name/Vocational Program

Name: _____

Dates Attended: _____ to _____ Degree/Certificate: _____

MILITARY SERVICE:

Yes No Branch of service: _____

Date and Type of Discharge: _____

EMPLOYMENT:

Begin with current or most recent employment.

A. Name of employer: _____

Address: _____ Phone: _____

Dates of employment: From: _____ To: _____

Job title and description: _____

B. Name of employer: _____

Address: _____ Phone: _____

Dates of employment: From: _____ To: _____

Job title and description: _____

(attach an additional sheet if necessary or current resume')

If you an attorney on this matter, please provide the following for purposes of correspondence:

Name: _____

Phone: _____

Address: _____

Any civil matters pending? Yes No
i.e Unlawful Detainer, small claims, bankruptcy, etc...

If yes, explain the nature of the matter and status:

I declared under penalty of perjury the information I have submitted on this application is accurate and true to the best of my knowledge. Furthermore I also declare there are no civil matters pending or in progress as a result of the offenses contained in my Juvenile Court records, or in any of the law enforcement reports which may be sealed as a result of this application.

Date: _____

Printed Name of Applicant: _____

Signature of Applicant: _____



REQUEST FOR SEALING OF RECORDS

To: Humboldt County Probation Department

I hereby request and authorize the Probation Department to conduct the necessary investigation and affirm the requirements of the Juvenile Court have been satisfied in the matter of the sealing of my juvenile records. I further request the Juvenile Court issue an order directing the Probation Department, and other officials and agencies which have juvenile records, seal all their juvenile records relative to the undersigned pursuant to Section 781 of the Welfare and Institutions Code of the State of California.

I believe the following officials and agencies have such records:

Clerk of the Superior Court of California, County of Humboldt
Humboldt County Probation Department
Humboldt County Sheriff's Department
District Attorney, County of Humboldt
Public Defender, County of Humboldt
California Department of Justice - Juvenile Division
Police Departments (list):

1. _____

2. _____

3. _____

Others (list): _____

I understand I will be responsible for advising the Probation Department of any change of address during the sealing of records investigation process.

I understand the Humboldt County Probation Department will only be responsible for requesting the Humboldt County Juvenile Court seal the records of those officials and agencies listed above. I understand the Humboldt County Probation Department will request the Humboldt County Juvenile Court seal the juvenile records of those officials and agencies located within the County of Humboldt, any other county officials and agencies identified within the State of California where I may have such records, and the state agencies listed above. I further understand the Humboldt County Probation Department will not be responsible for the compliance of any other official or agency with the Court's order for sealing.

I understand the federal government has indicated they will not recognize sealing of records pursuant to 781 WIC, and juvenile records must be reported, even though sealed, when applying for enlistment in the armed services, federal employment requiring a security clearance, or employment with a private company doing business with the federal government wherein a security clearance is required.

Signature of Applicant

Date

RECORD SEALING FEE OPTIONS

Read carefully and fill out all applicable forms completely.

- A. You may return the Juvenile Record Sealing Application form with the \$150.00 fee and disregard the rest of the attachments.

-OR-

- B. If you are receiving public assistance: review, complete, and return the Information Sheet on Waiver of Juvenile Record Sealing Fee (Section 1) and you may be eligible for a fee reduction or waiver.

-OR-

- C. If none of the options in Section 1 of the Information Sheet on Waiver of Juvenile Record Sealing Fee apply, then please review and complete Section 2 and return with the Application for Financial Evaluation form; 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, complete and return the Application for Financial Evaluation form.

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

INFORMATION SHEET ON WAIVER OF JUVENILE RECORD SEALING FEE

Applicant's Name: _____

You may not have to pay the juvenile 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)
- ◆ TANF - Temporary Assistance for Needy Families (formerly AFDC - Aid to Families with Dependent Children program)
- ◆ Food Stamp program
- ◆ County Relief, General Relief (GR), or General Assistance (GA)

SECTION 1

You must produce documentation confirming benefits from a public assistance agency, or provide one of the following documents (check all that apply):

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

-OR-

SECTION 2

Your total gross monthly household income is less than the following amounts (check the number below which applies and fill out the "Application for Financial Evaluation" 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	\$1,632.29	8	\$3,288.54
4	\$1,963.54	Over 8: For each additional person, add \$331.25 to total family income	

-OR-

SECTION 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 fee to have your juvenile record sealed. Fill out the "Application for Financial Evaluation" form completely; it will be used to determine your eligibility.



APPLICATION FOR FINANCIAL EVALUATION

Humboldt County Probation Department
 2002 Harrison Avenue
 Eureka, CA 95501

Phone: (707) 445-7401 FAX: (707)443-7139

INSTRUCTIONS TO APPLICANT

The information you are asked to supply on this form must be complete and accurate. This information will be used to determine your ability to pay a debt owed to the County of Humboldt, the amount and payment schedule required, or to process a claim of indigence.

NAME: (LAST) (FIRST) (MIDDLE)			DOB:	SEX:	SOCIAL SECURITY NUMBER:	DRIVER'S LICENSE NUMBER:
OTHER NAMES YOU HAVE USED IN THE LAST 10 YEARS (INCLUDING MAIDEN NAME(S)):						MARITAL STATUS:
STREET ADDRESS (INCLUDE CITY, STATE AND ZIP):						HOME PHONE:
APPLICANT EMPLOYMENT AND POSITION:		HOW LONG?:	ADDRESS:			EMPLOYMENT PHONE:
SPOUSE NAME: (LAST) (FIRST) (MIDDLE)			DOB:	SOCIAL SECURITY NUMBER:	DRIVER'S LICENSE NUMBER:	
SPOUSE EMPLOYMENT AND POSITION:		HOW LONG?:	ADDRESS:			EMPLOYMENT PHONE:
NAME AND ADDRESS OF FRIEND OR RELATIVE NOT LIVING WITH YOU:						PHONE:
MINOR CHILDREN LIVING WITH YOU (NAMES AND AGES)						
1. _____			3. _____			
2. _____			4. _____			

CASH ON HAND: \$ _____

BANK / CREDIT UNION ACCOUNTS

<input type="checkbox"/> CHECKING _____ BALANCE: \$ _____	<input type="checkbox"/> CHECKING _____ BALANCE: \$ _____
<input type="checkbox"/> SAVINGS _____ BALANCE: \$ _____	<input type="checkbox"/> SAVINGS _____ BALANCE: \$ _____
<input type="checkbox"/> LOAN _____ BALANCE: \$ _____	<input type="checkbox"/> LOAN _____ BALANCE: \$ _____

HOUSEHOLD EXPENSES (MONTHLY)	INCOME SOURCE	APPLICANT'S INCOME	SPOUSE'S INCOME
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 / RESTITUTION \$ _____ MEDICAL / DENTAL \$ _____ CHILD CARE \$ _____ OTHER \$ _____	GROSS PAY TAKE HOME PAY WORKER'S COMPENSATION UNEMPLOYMENT / DISABILITY SOCIAL SECURITY / V.A. BENEFITS RETIREMENT / OTHER WELFARE / FOOD STAMPS / ETC. CHILD SUPPORT / SPOUSAL SUPPORT OTHER INCOME	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY \$ _____ <input type="checkbox"/> MONTHLY \$ _____ <input type="checkbox"/> MONTHLY \$ _____ <input type="checkbox"/> MONTHLY \$ _____ <input type="checkbox"/> MONTHLY \$ _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY \$ _____ <input type="checkbox"/> MONTHLY \$ _____ <input type="checkbox"/> MONTHLY \$ _____

Applicant's Name: _____

PLEASE LIST ALL OTHER MONTHLY PAYMENTS				
LOAN PAYMENTS / NAME OF CREDITOR	DUE DATE	REASON FOR ACCOUNT	PRESENT BALANCE	MONTHLY PAYMENT
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____

VEHICLE(S)	YEAR	MAKE	MODEL	FINANCED BY
AUTO / PICK UP				
MOTORCYCLE				
BOAT / RV / TRAILER				

PROPERTY / OTHER ASSETS	DESCRIPTION	FINANCED BY
REAL PROPERTY		
PERSONAL PROPERTY		
ASSETS		

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

I/we hereby authorize the County of Humboldt 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 Humboldt 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 three (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 Sections 17(a), 118, 127 and 672.)

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

X_____ Applicant's Signature

X_____ Spouse's Signature

Date: _____

Date: _____

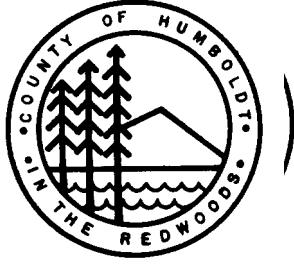
WARNING!!!

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 Humboldt for the services provided as ordered by the court.

X_____ Applicant's Initials

X_____ Spouse's Initials



PROBATION DEPARTMENT
COUNTY OF HUMBOLDT

2002 HARRISON AVENUE, EUREKA, CA 95501
PHONE (707)445-7401 FAX (707) 443-7139

To Whom it May Concern:

In accordance with departmental policy, Humboldt County is unable to provide juvenile record information directly to representatives from the Conservation Corps, Job Corps, or military recruiters.

The attached procedure outlines how the subject of the record may inquire and receive information related to their juvenile record information. Please provide the procedure to individuals needing their juvenile record information.

Thanks for you cooperation.

Sincerely,

P.A. Fennell

P.A. Fennell
Senior Probation Officer

Attachment



PROBATION DEPARTMENT
COUNTY OF HUMBOLDT

2002 HARRISON AVENUE, EUREKA, CA 95501
PHONE (707)445-7401 FAX (707) 443-7139

Humboldt County Probation Department will only release juvenile record information to the **subject** of the record check.

If you have questions that are not answered by the information given below, please call 707-268-3321.

Requests from Individuals Living in Humboldt County:

Persons living in Humboldt County need to appear in person at the Humboldt County Probation Department, 2002 Harrison Avenue, Eureka, to submit a request for Juvenile Records. Typically, the turnaround of information is approximately 24 hours, depending on the availability of records, if any. If you would like to discuss your juvenile records you can schedule an appointment prior to appearing by calling this number: 707.268.3321

Please bring the following with you:

- A valid driver's license or identification card.
- Your mailing address.

Requests from Individuals Outside the Humboldt County Area:

Persons residing outside of the Humboldt County area need to send the following information to Humboldt County Probation Department, 2002 Harrison Avenue, Eureka:

- A **notarized** letter written and signed by the subject of the record check.
- A photocopy of a valid license or identification card. The photocopy should be signed by the subject of the record check.
- A Self Addressed Stamped Envelope (SASE) for the subject of record check.

Information will be mailed to the subject of the record check via USPS, UPS or FedEx, as he/she prepared the SASE. Please note Humboldt County Probation Department cannot fill out other entities forms, but will provide a department approved informational memo.