

Dear Juvenile & Parent (s):

Attached is an Application for Expungement of Records. You must petition the Juvenile Court to have your Juvenile Records destroyed. If you do not, then they will be retained permanently.

You may apply for an expungement at any time, but you are not likely to have your request granted unless you meet at least the following criteria:

1. You have to be 18 years of age.
2. Minimum one (1) year has passed since your probation/court file was successfully closed.
3. You have stayed out of trouble with the law.
4. Most importantly, you have learned your lesson!

You must completely fill out this application and submit it back to the probation department.

The Judge will then review your application and make a ruling. (This will be at the Judge's convenience; this is not a top priority for the court. If there is a time issue, please make a notation on your application, but understand it may take awhile). In addition, even after an expungement is granted, it takes at least thirty days to compile all of the records to be destroyed. The decision about whether to grant or deny an expungement request is at the judge's discretion, but she will consider the following factors: the best interests of the child, the nature of any allegations, whether there was an informal adjustment or an adjudication, the disposition of the case, the age of the person during the person's contact with the juvenile court, the manner in which the person participated in any court ordered or supervised services, whether the person acquired a criminal record and the person's current status.

If the Judge does not grant your request, she may tell you why. For example – expungement denied, re-apply after graduating high school. However, if your juvenile record is lengthy, or very serious, that may be reason enough not to grant it. She may grant or deny the request without a hearing, however she may require a hearing. If your request is denied without a hearing, you may request a hearing, so you can present your reasoning for wanting your record expunged.

If you have any additional questions, please feel free to contact the Probation Department at 317-736-3000.

CAUSE NUMBER: _____

JOHNSON COUNTY CIRCUIT COURT
JUVENILE AND FAMILY DIVISION

APPLICATION FOR EXPUNGEMENT OF JUVENILE RECORDS

Dear Applicant:

This is the application for expungement of your juvenile record which you requested.

You will be notified by mail of your Court date. As there is currently some delay in scheduling these cases for hearing, it is necessary that you keep the Court advised of your current address.

NO ACTION WILL BE TAKEN UNLESS THE COURT HAS A CURRENT ADDRESS.

Please read all pages of this application for additional information and make sure to sign the application, **if the application is not signed, it can not be processed.**

1. NAME: _____
2. ADDRESS: _____

3. TELEPHONE: _____
4. BIRTHDATE: _____ BIRTHPLACE: _____
5. SOCIAL SECURITY: _____ MARITAL STATUS: _____
6. Name and Birth Dates of Children: _____

7. How long have you resided in Johnson County? _____

If you have resided outside of Johnson County, give place (County, City, & State) and length of residency: _____

8. Have you served in the Armed Forces? _____ If so, which branch? _____

What is your current status? _____

Date & Type of Discharge: _____

9. What was your Probation Officer's name? _____

10. WORK EXPERIENCE:

Employer: _____

Date of Employment: _____

Job Title: _____

If employed less than (6) months, list previous employment: _____

11. EDUCATION HISTORY:

Did you graduate from High School? _____

If yes, give date and name of school: _____

If no, give reason and last grade attended: _____

12. ARREST HISTORY:

When was your case closed in Juvenile Court? _____

Have you been arrested since your 18th birthday? _____

If so, list date, place (County, City, & State), offense for which you were charged and sentence received, (indicate all arrests, including traffic violations): _____

Do you have a valid driver's license? _____

If no, give reason: _____

13. List names and addresses of all Law Enforcement Agencies, Prosecutor's Offices, Probation Officer, Hospitals, Treatment Center, Mental Health Agencies, Group Homes, or any other agencies that may have **Juvenile Records** on you which you need to be expunged. **Failure to list accurate names and addresses may result in an incomplete expungement of your records:**

14. State briefly (but be specific) your reason for wanting your Juvenile Record expunged: _____

Failure to properly complete this application will result in a delay in processing your request. You will be notified by mail when your hearing date has been scheduled, at which time you will be expected to appear for hearing unless otherwise notified.

Completed application should be returned to:

**Johnson County Juvenile and Family Court
1121 Hospital Rd.
Franklin, IN 46131**

I affirm under penalties of perjury that the above representations are true and correct to the best of my knowledge.

Signature: _____

Date: _____