



COUNTY OF INYO

Probation Department

912 N. Main Street Bishop, CA 93514
 TELEPHONE (760) 872-4005
 FAX (760) 872-0930

APPLICATION TO PETITION TO SEAL JUVENILE RECORD

I, the undersigned, hereby request the Probation Department of Inyo County to Petition the Juvenile Court to seal my juvenile records in accordance with the provisions of Section 781 of the Welfare and Institutions Code, State of California. **Pursuant to Welfare and Institutions Code Section 903.3, if you are over the age of twenty-six (26) there is a \$60.00 non refundable fee to seal his/her record.**

First Name		Middle		Last	
Maiden Name		Other Name(s) Used			
Street Address		City		State	zip
Previous Address		City		State	zip
Other Counties Lived In With Dates					
Home/Cellular Phone		Work Phone		Email Address:	

PERSONAL DESCRIPTION:

Sex		Race		DOB		Birthplace	
Height	Weight	Eyes	Hair	SSN	Driver's License Number		
Marks, Tattoos, or Scars							

EDUCATION (state highest grade achieved)

Junior High		Date
High School		Date
College		Date

EMPLOYMENT HISTORY (use additional paper if necessary):

Date (from/to)	Type of Work	Employer	Reason for Leavin

MILITARY HISTORY:

Branch	Date (from/to)	Type of Discharge
If other than Honorable Discharge, state reason for:		

ARREST RECORD List all juvenile and adult arrests or citations. Use extra paper if necessary)

Date	Arresting Agency	Offense	Disposition (result)

Are you currently on probation or parole? (Circle one) Yes No Are you currently pending Court action for any offense?(Circle one) Yes No If you answered yes to either question, please explain on a separate piece of paper. Reason for request or other comments:

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Signature	Date
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