

APPLICATION FOR SEALING JUVENILE FILES AND RECORDS

TO THE HONORABLE JUDGE OF THE JUVENILE COURT:

COMES NOW, _____, by and through:

() himself/herself

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

I. IDENTIFYING INFORMATION

Last Name: _____ First Name: _____ MI _____

DOB: _____ Current Age: _____ Sex: _____ Race: _____

SSN: _____ DL# (if applicable) _____ State: _____

Address: _____

Mailing Address (if different): _____

II. OFFENSE INFORMATION

Offense: _____

Offense Level: _____

Offense Date: _____

Location of Offense: _____

Arresting Agency: _____

_____ *******Mark here if additional offenses attached**

III. ELIGIBILITY FOR SEALING

_____ Applicant was at least 17 years of age:

AND

(1) Applicant does not have any felony convictions or any pending adult charges.

OR

Applicant is at least 18 years of age: OR

Applicant is **under 17** years of age and at least one year has elapsed after the date and 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 the following officials hold records relating to the Applicant's juvenile matters and agencies (check the applicable ones):

_____ Texas Department of Public Safety, Criminal Records Department

_____ Palo Pinto County Sheriff's Department

_____ Police Department, City of Mineral Wells, Texas

_____ Palo Pinto County Clerk's Office

_____ Palo Pinto County Juvenile Probation Department

_____ Pre-Adjudications (Detention) Facilities

_____ Pre-Adjudications (Detention) Facilities

_____ Post-Adjudication Facilities

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

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

Applicant Signature

Date

Attorney Signature (if applicable)

Date