



COUNTY OF SACRAMENTO

Probation Department

4100 BRANCH CENTER ROAD, SACRAMENTO, CALIFORNIA 95827
 TELEPHONE (916) 875-5098
 FAX (916) 876-5276



MARLON YARBER
 CHIEF PROBATION OFFICER
 COUNTY PAROLE OFFICER

APPLICATION TO PETITION TO SEAL JUVENILE RECORD

I, the undersigned, hereby request the Probation Department of Sacramento 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.

APPLICATION:

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 Leaving

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? Yes No Are you currently pending Court action for any offense? 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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