


PETITION FOR EXPUNGEMENT OF JUVENILE RECORDS

	Whitley Juvenile Court 101 W. Van Buren Street Columbia City, IN 46725	Case Number (print or type below)
People of the State of Indiana in the Interest of:		
Petitioner:		
Attorney or Party without Attorney (Name & Address):		
Phone Number:		
E-mail:		
Fax Number:		
Attorney Reg. #:		

I, _____, petition the court for an expungement of my records.

Information about the Petitioner:

Date of Birth:	
Current Mailing Address:	
Home Phone #:	
Work Phone #:	
Cell Phone #:	

Date of Offense	Charge	Agency Case Number	Arresting Agency

I was released from the Court's jurisdiction on _____ (date you were found not guilty, date of law enforcement contact if formal charges were not filed, or date you were released from a deferred prosecution, deferred adjudication, probation, or parole).

I have not been convicted of a felony or misdemeanor, nor have I been adjudicated a delinquent since termination of the court's jurisdiction or the unconditional release from parole supervision.

There are no felony, misdemeanor, or delinquency actions pending or being instituted against me.

I request that this Petition for Expungement of Records be set for a hearing.

VERIFICATION OF ACKNOWLEDGMENT

I (Petitioner) swear or affirm under oath that I have read the foregoing Petition and that the statements contained in this Petition are true to the best of my knowledge and belief.

Signature of Petitioner

Date

Signature of Attorney

Date

The foregoing instrument was acknowledged before me
in the County of Whitley, State of Indiana,
this ___ day of _____, 20___, by the Petitioner.

My Commission Expires: _____

Notary Public/Deputy Clerk