



CIRCUIT COURT STATE OF OREGON
**COLUMBIA COUNTY JUVENILE
DEPARTMENT**

230 STRAND - OLD COURTHOUSE ST. HELENS, OREGON 97051
PHONE (503) 397-0275 FAX (503) 397-7256

APPLICATION FOR EXPUNCTION

I, the undersigned, am requesting that the Columbia County Circuit Court expunge my record

Name: _____

DOB: _____

Address: _____

Phone: _____

Do you meet one of the following criteria:

- At least five years have passed since the date of the termination (dismissal) of your most recent juvenile court case; and since the date of your most recent termination, you have not been convicted of a felony or a Class A misdemeanor; and no proceedings seeking a criminal conviction or an adjudication in a juvenile court are pending against you; and you are not within the jurisdiction of the court for any delinquent act or certain types of dependency petitions; and the Juvenile Department is not aware of any pending investigation of you by any law enforcement agency; OR
- You are at least 18 years old and have never been found within the jurisdiction of the Court. OR
- If you do not meet the above criteria, please explain how it is in the best interest of the person and the public for this record to be expunged (please attach extra paper if necessary):

Why are you applying for expunction at this time?

What positive things have occurred in your life since being off probation/supervision?

What is your current School/Work situation?

Have you been convicted of, or are pending conviction of, any new charges since your involvement with the Juvenile Dept? If so, what?:

Are you currently the subject of any investigation by any law enforcement agency? If so, please explain:

Check any and all law enforcement agencies, courts, and or juvenile departments you feel might have a record of you:

- | | |
|--|--|
| <input type="checkbox"/> Columbia Co. Sherif | <input type="checkbox"/> Cowlitz County Juvenile |
| <input type="checkbox"/> St Helens PD | <input type="checkbox"/> Oregon Youth Authority |
| <input type="checkbox"/> Scappoose PD | <input type="checkbox"/> Oregon State Police |
| <input type="checkbox"/> Rainier PD | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Clatskanie PD | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Vernonia PD | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Columbia City PD | <input type="checkbox"/> Other _____ |

Signature: _____

Date: _____

PO Approval: _____

Date: _____

DA Approval: _____

Date: _____