STATE OF INDIANA)
)SS:
_____ COUNTY) **CAUSE NO:**

IN THE MATTER OF:

A CHILD ALLEGED TO BE
A DELINQUENT CHILD

VERIFIED PETITION FOR EXPUNGEMENT OF RECORDS

I, _____, pursuant to I. C. 31-39-8-2 request the _____ County Juvenile Court to:

_____remove from its files any information regarding my involvement in juvenile court in the above captioned cause number.

_____ direct the following law enforcement agencies remove from their files any records pertaining to my involvement in juvenile court in the above captioned cause number.

_____
_____
_____

_____ direct the following social service agencies/service providers to remove from their files any records pertaining to my involvement in juvenile court in the above captioned cause number.

_____
_____
_____

In support of my request, I submit the following;

1. My date of birth is _____and I am _____years of age.

2. The following are the contact(s) that I have had with the juvenile court or a law enforcement agency and the age that I was at the time of the contact(s):

   Date:_____ Age_____
   Date:_____ Age_____
   Date:_____ Age_____

3. I was involved with the juvenile court in this cause number for the following offense(s).

   _____
   _____
   _____

4. The result of the offense(s) was
   _____an adjudication
   _____an informal adjustment
   _____other (please explain)_____
5. I was ordered to complete the following services
   _____
   _____
   _____

6. I did/did not complete those services.
   If not, explain why not_____
   _____
   _____

7. I have/have not paid all ordered costs and fees.

8. Since my involvement in the juvenile court, I have/have not had any further contact with law enforcement or the courts. (if there has been further contact, explain)
   _____
   _____

9. I am seeking expungement for the following reasons:
   _____
   _____
   _____
   _____

10. I request that these records be
    _____destroyed
    _____provided to me

The undersigned hereby affirms under penalties of perjury that the foregoing statements and representations are true to the best of her knowledge and belief this _____ day of _____, 201__.

Respectfully submitted,

_____ _____
Printed name Signature

_____
Date

I, _____, hereby certify that on _____, I mailed a copy of this document to the _____ office .

_____
Signature