## SOLANO COUNTY PROBATION DEPARTMENT

475 Union Avenue Fairfield, CA 94533-6332 Ph. (707) 784-7600 Fax (707) 784-7605

## APPLICATION FOR SEALING OF JUVENILE RECORD

(Please Print)

(Please fill out this form and return it	to the Probation Depa	artment.)			
NAME:					
First	Middl	le	I	Last	
		PHONE NUMBER:			
(Maiden or A	(KAs)				
ADDRESS:					
Street	City			Zip	
BIRTHDATE:	PLACE:				
SOCIAL SECURITY:	DRIVER'S	DRIVER'S LICENSE NO.:			
DATE OF EMPLOYMENT:	EMPLOYE	_ EMPLOYER:			
OCCUPATION:	PAY:				
PHYSICAL DESCRIPTION:  Race SEY: Male ( ) Female ( ) Mark		***	** '		
SEX: Male() Female() Marks	Height s, Scars or Tattoos:	Weight	Hair	Eyes	
LIST ALL AGENCIES WITH WHO (IE: PROBATION, JUVENILE HAL		ACT AS A JU	JVENILE (I	EXCEPT TRAFFIC)	
1	4		7		
2	5		8		
3	6		9		
LIST ALL POLICE DEPARTMENT AND THE DISPOSITION OF THE C		RESULTING	IN ARREST	Γ AS A JUVENILE	
1					
2					
3					
EXPLAIN WHY YOU BELIEVE YO application and/or additional sheet(s).		HABILITATE	ED (Use the	back of this	
Applicant's signature			Date		

consideration):	
Name (Print):	Signature: