

CLEARING YOUR ADULT CRIMINAL RECORD IN CALIFORNIA

A Step-by-Step Guide

Including:

- How to get your criminal record
- How to correct your record
- How to expunge your record
- What convictions can be expunged
- Sample forms and petitions
- Where to get help

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**CLEARING YOUR ADULT CRIMINAL RECORD IN CALIFORNIA
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STEP 1

Determine whether you are **ELIGIBLE** and **READY** to expunge

AM I ELIGIBLE?

- **My misdemeanor or felony conviction resulted in jail time and/or probation, not prison time and parole**
 - If you are a parolee, you are not eligible for expungement but you can contact the Public Defender at 213/974-3057 for assistance with a “Certificate of Rehabilitation”
 - If you were convicted of a federal crime, you are not eligible for expungement

AM I READY?

To be ready, you must:

- Not be serving a sentence
- Not be on probation or parole (for any conviction)
- Not be charged with a crime
- Have paid all court fines and fees (on this case)
 - You should contact the court's fiscal office to make sure that all fees or fines have been paid.

STEP 2

Now that you've determined you're eligible and ready – You need your criminal record

You need the following information for your expungement petition:

- Court where you were convicted
- Name you were convicted under
- Case Number
- Date of Conviction
- Section number and code of violation (e.g. 647(b) of the Penal Code)
- If you got probation, whether you picked up any other offense during the period of probation *regardless of whether you formally violated probation*

You can get this information from:

Your court file (also known as a docket)

- If you were convicted in Los Angeles County any criminal court should be able to provide you with all of your dockets for free.
- If your conviction is outside of Los Angeles County you will have to contact the court clerk where you were convicted for information on how to get your court file.

OR

1. Your Department of Justice “Rap Sheet”

- (if you don't know where you were convicted or have multiple convictions it is safer to get your rap sheet)
- See the “Live Scan” instructions on Page 3 and fee waiver form on Page 7

INSTRUCTIONS ON HOW TO GET YOUR DEPARTMENT OF JUSTICE RAP SHEET AND FINGERPRINT LIVESCAN

YOU WILL NEED A FINGERPRINT LIVESCAN (COST IS APPROXIMATELY \$20) TO OBTAIN YOUR RAP SHEET (COST IS \$25). THE \$25 RAP SHEET FEE CAN BE WAIVED IF YOU ARE ELIGIBLE FOR A FEE WAIVER

INSTRUCTIONS IF ELIGIBLE FOR FEE WAIVER	INSTRUCTIONS IF <u>NOT</u> ELIGIBLE FOR A FEE WAIVER OR CAN PAY BOTH FEES
<p>STEP 1: If your family receives food stamps, CalWORKs or similar government benefits or is very low income you may be eligible to waive the \$25 Rap Sheet fee. You must still pay the fingerprint fee. Requesting the waiver will add approximately 2 weeks to the process of obtaining your Rap Sheet.</p>	<p>STEP 1: Fill out the "Request for Live Scan Service" and make 2 copies. The original is for the Department of Justice (DOJ) and copies are for you and the Live Scan agency. The DOJ charges \$25.00 for a copy of your Rap Sheet. You must also pay approximately \$20.00 for a Live Scan fingerprint fee.</p>
<p>STEP 2: Fill out the "Application and Declaration for Waiver of Fee for Obtaining Criminal History Record Waiver", attach your proof of income, and prepare a brief letter addressed to California Department of Justice (DOJ), Record Review Unit, P. O. Box 903417, Sacramento, CA 94203-4170 stating you are requesting a copy of your Rap Sheet because you want to expunge your convictions. Fax this request to fax no. (916) 227-1964.</p>	<p>STEP 2: Present your "Request for Live Scan Service" and copies AND a valid California driver license, ID or passport to a local Live Scan site.</p> <p>See attached list for locations near you. You should call the site in advance to verify hours of operation, fees and acceptable forms of payment.</p>
<p>STEP 3: If your Fee Waiver is approved, the DOJ will send you a preprinted "Request for Live Scan Service" about 2 weeks later. Fill out the remainder of the "Request for Live Scan Service" and make 2 copies. The original is for the DOJ; the copies are for you and the Live Scan agency.</p> <p><i>If you do not receive the Request after 2 weeks, call the DOJ at (916) 227-3835 to make sure that your documents are being processed. Leave your full name and a telephone number in their voicemail so they can return your call.</i></p>	<p>STEP 3: The Police will process your "Request for Live Scan Service", fees and scan your fingerprints.</p>
<p>STEP 4: Take the preprinted "Request for Live Scan Service" forms and copies AND a valid California driver license, ID or passport to a local Live Scan site.</p> <p>See attached list for locations near you. You should call the site in advance to verify hours of operation, fees and acceptable forms of payment.</p>	<p>You should receive your Rap Sheet in 1 to 2 weeks.</p>
<p>STEP 5: The Police will process your "Request for Live Scan Service", fees and scan your fingerprints.</p>	
<p>You should receive your Rap Sheet in 1 to 2 weeks.</p>	

REQUEST FOR LIVE SCAN SERVICE

ORI: CA0349435 Type of Application: (check one) Record Review Visa/Immigration

(Job Title)
Reason for Application: _____

Agency Address Set Contributing Agency:

California Department of Justice
Record Review Unit
P.O. Box 903417
Sacramento, CA 94203-4170

Mail Code: 07041

Contact Name: Record Review Unit
Contact Telephone No. (916) 227-3849

Name of Applicant: _____
(Please print) Last First MI

AKA: _____
Last First

Date of Birth: ____ / ____ / ____ SEX: Male Female Billing No. N/A

Height: _____ Weight: _____ Applicant's Address:

EYE Color: _____ HAIR Color: _____
Street or P.O. Box

Place of Birth: _____
(State or Foreign Country) City, State and Zip Code

Social Security Number: _____

California Driver's License No. _____
Daytime Telephone Number

Level of Service DOJ Only If Resubmission, list Original ATI No. _____

Live Scan Transaction Completed by: _____ Date: _____
Name of Operator

Transmitting Agency: _____ Terminal ID: _____ Amount Collected: _____

ATI Number: _____

Live Scan Locations

The following information may change, so please contact the Live Scan providers in advance to verify operating hours and fees.

	Agency	Location	Time Scans Performed	Cost
Burbank	City of Burbank Management Services Department (818) 238-5340	275 E. Olive Ave Burbank, CA 91502	M-F (8am-12pm and 1pm-4pm) Appointment Only!	\$22
Canoga Park	Business Central Walk-In Service (818) 887-5252	6911 Topanga Canyon Blvd., Suite. 201 Canoga Park, CA 91303	M-F (9am-5pm) No appointment necessary, but call before coming. Sat and Sun – Appointment only!	\$24
Claremont	Claremont Police Dept. (909) 399-5411	570 West Bonita Ave. Claremont, CA 91711	Mon and Tues (8am-3pm) Thur. and Fri (9:30am-3pm) Appointment Only!	\$10
Covina	Identix ID Services (800) 315-4507	948 N. Citrus Ave. Covina, CA 91711	Call (800) 315-4507 for information	Call 800 number
Encino	AAP ID Centers (818) 995-3011	16161 Ventura Blvd., Suite 222 Encino, CA 91436	M-F (9:30am-12pm) Sat (9:30am-12pm) Appointment and Walk-in	\$20
Glendale	City of Glendale (818) 548-2110	613 E. Broadway, Personnel Rm. 100 Glendale, CA 92106	Mon-Thur. (9am-4pm) Appointment only!	\$20
Glendora	Citus Community College (626) 583-8830	1000 W. Foothill Blvd. Glendora, CA 91741	Mon-Thur. (9am-6pm) Fri and Sat (9am-4pm) Appointment and Walk-in	\$20
Montebello	City of Montebello Mailstop (323) 722-5464	1001 Whittier Blvd., Suite B Montebello, CA 90640	M-F (9:30 am-7pm) Sat (10am-4pm) Walk-in	\$18
Monterey Park	Monterey Park Police Dept. (626) 307-1224 or (626) 307-1211	320 W. Newmark Ave. Monterey Park, CA 91754	Tues -Sat (1pm-4:30pm)	\$22
Northridge	CSU Northridge Dept. of Public Safety (818) 677-2113	9757 Zelzah Ave. Bldg. 14, 1 st Floor Room 101, Lot G-7, Northridge, CA 91330	Mon -Thur (8:15am-7pm) Fri and Sun (8:15am-4:30pm) Walk in only!	\$19

	Agency	Location	Time Scans Performed	Cost
Palmdale	Palmdale School District (661) 947-7191	39139 10 th Street East Palmdale, CA 93550	M-F (8:15am-11:30am) and (1:15pm-3:30PM) Appointment only!	\$15 student \$30 non- student
Panorama City	American Mail and Parcel (818) 892-8334	14417 Chase Street Panorama City, CA 91402	M-F (9am-6pm) and Sat (9:30am-3pm) No appointment necessary!	\$20
Pasadena	Pasadena City College Police (626)585-7986	1570 E. Colorado Blvd. Campus Center Bldg. Room CC108 Pasadena, CA 91106	M-S (10am-9pm) No appointment necessary!	\$15
Pomona	Cal-Poly Pomona University Police Dept (909)869-6738	3801 W. Temple Ave. Bldg. 91 Pomona, CA 91768	Appointment Only!	\$15
San Fernando	San Fernando Police Department (818) 898-1283	910 First Street San Fernando, CA 91340	M-F (9am-5pm)	\$20
Santa Clarita	Access Fingerprinting (1866)774-6850	26455 Rockwell Canyon Road Valencia, CA 91355	M-F (9am-6pm) Walk-in only!	\$20
Valencia	Identix ID Services (800) 315-4507	27201 Tourney Road Suite 200H Valencia, CA 91355	Call (800) 315-4507 for information	Call 800 number
Van Nuys	Identix ID Services (800) 315-4507	7715 Burnett Ave. Suite A Van Nuys, CA 91405	Call (800) 315-4507 for information	Call 800 number
Whittier	Whittier Police Dept. 562/945-8250	7315 Painter Ave. Whittier, CA 90602	Mon, Wed, Fri (12pm-7:45pm) Appointment Only!	\$15
Woodland Hills	Identix ID Services (800) 315-4507	21731 Ventura Blvd., Suite 250 Woodland Hills, CA 91364	Call (800) 315-4507 for information	Call 800 number

Edmund G. Brown Jr.
Attorney General

State of California
DEPARTMENT OF JUSTICE



BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
P.O. BOX 903417
SACRAMENTO, CA 94203-4170

APPLICATION AND DECLARATION FOR WAIVER OF FEE
FOR OBTAINING CRIMINAL HISTORY RECORD

I, the undersigned, declare that I am unable to pay the fee to obtain a copy of my criminal history record without impairing my obligation to meet the common necessities of life.

I declare under the penalty of perjury that the forgoing is true and correct and was signed at _____, California, on _____, 20____.

Attached is verification of proof of indigence as required by Penal Code Section 11123.

DECLARANT

Correcting Mistakes on Your Record

If you know or suspect that someone else has committed and been convicted of crimes in your name, you may have your criminal history record corrected.

Step 1: Order your California Criminal History record.

You must first order your criminal history record from the California Department of Justice, even if you already know your case information. The Department will also send you the “Claim of Alleged Inaccuracy or Incompleteness” form. See page 3 of this guide for instructions on ordering your record.

Step 2: Review your California Criminal History record

Step 3: Complete “Claim of Alleged Inaccuracy or Incompleteness”

Step 4: Send “Claim of Alleged Inaccuracy or Incompleteness” and any supporting documentation to the California Department of Justice (address is indicated on form).

Note: This will only correct your California record. Your offenses may also be on your FBI record. Check with the FBI to determine how to clear mistakes on their records. Federal Bureau of Investigation, Identification Division, Washington, D.C. 20537

BILL LOCKYER
Attorney General

State of California
DEPARTMENT OF JUSTICE

BUREAU OF CRIMINAL IDENTIFICATION
AND INFORMATION
P.O. BOX 903417
SACRAMENTO, CA 94203-4170

CLAIM OF ALLEGED INACCURACY OR INCOMPLETENESS

I have examined a copy of my California State Summary Criminal History Record as contained in the files of the Department of Justice, Bureau of Criminal Identification and Information, and wish to take exception to its accuracy and/or completeness.

NAME: _____
 LAST NAME FIRST NAME MIDDLE NAME

CII NUMBER: _____ DATE _____

Complete a statement for each error or inaccuracy claimed. Use additional paper if necessary. Attach copies of any proof or corroboration available.

SIGNATURE

Return this form to the attention of the Record Review Unit at the California Department of Justice, Bureau of Criminal Identification and Information, P.O. Box 903417, Sacramento, CA 94203-4170.

BCII 8706 (Rev. 4/99)

SAMPLE

STEP 3

Fill out and file your expungement petition(s).

- Fill out the petition (see instructions on next page)
- Pay the fee or file fee waiver forms with your expungement petition. The fee waiver forms are on pages 16 – 28
 - You will need to check with the court where you will be filing your petition to find out whether you need the “Application for Waiver of Court Fees and Costs” or the “Defendant’s Statement of Assets”.
- If required by the court, serve the district attorney or city attorney (see page 29 for directions on how to do this)
- The court will decide on your petition within one to three months
 - If denied, you have 60 days to file a request for reconsideration
 - You also have the option to simply re-file your petition at a later date
- The court will order your record to be updated; if it is not updated, then follow the instructions on “Correcting Mistakes on Your Record” on page 8
- What if you violated probation or your conviction is a felony?
 - You should file a declaration in addition to your expungement petition. (See page 15 of this Guide to find out what information you should include in your declaration)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address). Print Name Here Print Your Address Print the City, State and Zip Code		FOR COURT USE ONLY
TELEPHONE NO.: Print Your Phone #	FAX NO. (Optional):	
E-MAIL ADDRESS (C Self Represented) ATTORNEY FOR (Name):		
PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT: Print Your Name Here		
PETITION AND ORDER FOR EXPUNGEMENT (Pen. Code, §§ 17, 1203.4, 1203.4a)		CASE NUMBER: Print the case number
DEFENDANT'S INFORMATION CII: DRIVER'S LIC #: Print Your Driver's License SSN # (LAST FOUR DIGITS ONLY): Print the last Four Digits of Your Social Security # DATE OF BIRTH: Print your Birth Date		

DATE OF CONVICTION PETITION

1. On (date): **Date of Conviction** the defendant in the above-entitled case of section(s) (specify): **Write code number** of the (specify): **Write "Penal" or "Vehicle" or "Health and Safety" Code Here**

2. The offense was a misdemeanor felony.
 Felony offense (Pen. Code, § 17):
 The offense listed above is a felony that may be reduced to a misdemeanor. **If you were convicted of a misdemeanor, check here**

3. Offense with probation granted (Pen. Code, § 1203.4):
 Probation was granted on the terms and conditions set forth in the judgment of the court. **If you got probation, check here** the defendant is not serving a sentence for any offense, nor on probation for any offense, nor under charge or commission of any crime, and the defendant has
 a. fulfilled the conditions of probation for the entire period thereof.
 b. been discharged from probation prior to the termination of the probation. **If you completed probation, check here**

4. Offense with sentence other than probation (Pen. Code, § 1203.4a).
 Probation was not granted; more than one year has elapsed since the defendant has complied with the sentence of the court and is not serving a sentence for any offense nor under charge of commission of any crime, and since said pronouncement of judgment has lived an honest and upright life, and conformed to and obeyed the laws of the land. **If you did not get probation, check here**

If you were discharged from probation, check here

PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT: **Write your name here** CASE NUMBER: **Case No. of Conviction you want dismissed**

Petitioner requests that defendant be permitted to withdraw the plea of guilty, or that the verdict or finding of guilt be set aside and a plea of not guilty be entered and the court dismiss this action under section 1203.4 or 1203.4a of Penal Code.

Petitioner **If you were convicted of a felony and served "jail time" check here** 17.

If you got probation, check this box.
If you didn't get probation, check this box.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: _____ at _____ California.
(DATE) (CITY)

Date **City where you signed this document** (DEFENDANT)

(ADDRESS, DEFENDANT) (CITY) (STATE) **Sign here** (ZIP CODE)

Your address here

- The court denies the above petition.
- The court grants the above petition. The court finds from the records on file in this case, and from the foregoing petition, that the defendant is eligible for the relief requested.
- The court reduces the felony offense to a misdemeanor.
- It is ordered that the plea, verdict, or finding of guilt in the above entitled action be set aside and vacated and a plea of not guilty be entered; and that the complaint be, and is hereby, dismissed. If this order is granted under the provisions of Penal Code section 1203.4, the defendant is required to disclose the above conviction in response to any direct question contained in any questionnaire or application for public office or for licensure by any state or local agency, or for contracting with the California State Lottery.
- If the order is granted under the provisions of either Penal Code section 1203.4 or 1203.4a, the defendant is released from all penalties and disabilities resulting from the offense except as provided in Penal Code sections 12021 and 12021.1 and Vehicle Code section 13555. The dismissal does not permit a person to own, possess, or have in his or her control a firearm if prevented by Penal Code sections 12021 or 12021.1.

Date: _____ (JUDICIAL OFFICER)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT:	
PETITION AND ORDER FOR EXPUNGEMENT (Pen. Code, §§ 17, 1203.4, 1203.4a)	CASE NUMBER:
<p style="text-align: center;">DEFENDANT'S INFORMATION</p> CIT: _____ DRIVER'S LIC #: _____ SSN # (LAST FOUR DIGITS ONLY): _____ DATE OF BIRTH: _____	

PETITION

1. On (date): _____ the defendant in the above-entitled criminal action was convicted of a violation of section(s) (specify): _____ of the (specify): _____ Code.

2. The offense was a misdemeanor felony.
 Felony offense (Pen. Code, § 17):
 The offense listed above is a felony that may be reduced to a misdemeanor under Penal Code section 17.

3. Offense with probation granted (Pen. Code, § 1203.4):
 Probation was granted on the terms and conditions set forth in the docket of the above entitled court; the defendant is not serving a sentence for any offense, nor on probation for any offense, nor under charge of commission of any crime, and the defendant has
 - a. fulfilled the conditions of probation for the entire period thereof.
 - b. been discharged from probation prior to the termination of the period thereof.

4. Offense with sentence other than probation (Pen. Code, § 1203.4a):
 Probation was not granted; more than one year has elapsed since the date of pronouncement of judgment. The defendant has complied with the sentence of the court and is not serving a sentence for any offense nor under charge of commission of any crime, and since said pronouncement of judgment has lived an honest and upright life, and conformed to and obeyed the laws of the land.

PEOPLE OF THE STATE OF CALIFORNIA v. DEFENDANT:	CASE NUMBER:
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Petitioner requests that defendant be permitted to withdraw the plea of guilty, or that the verdict or finding of guilt be set aside and a plea of not guilty be entered and the court dismiss this action under section 1203.4 or 1203.4a of the Penal Code.

Petitioner requests that the felony charge be reduced to a misdemeanor under Penal Code section 17.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: _____ at _____ California.
(DATE) (CITY)

(DEFENDANT)

(ADDRESS, DEFENDANT) (CITY) (STATE) (ZIP CODE)

ORDER

- The court denies the above petition.
- The court grants the above petition. The court finds from the records on file in this case, and from the foregoing petition, that the defendant is eligible for the relief requested.
- The court reduces the felony offense to a misdemeanor.
- It is ordered that the plea, verdict, or finding of guilt in the above entitled action be set aside and vacated and a plea of not guilty be entered; and that the complaint be, and is hereby, dismissed. If this order is granted under the provisions of Penal Code section 1203.4, the defendant is required to disclose the above conviction in response to any direct question contained in any questionnaire or application for public office or for licensure by any state or local agency, or for contracting with the California State Lottery.
- If the order is granted under the provisions of either Penal Code section 1203.4 or 1203.4a, the defendant is released from all penalties and disabilities resulting from the offense except as provided in Penal Code sections 12021 and 12021.1 and Vehicle Code section 13555. The dismissal does not permit a person to own, possess, or have in his or her control a firearm if prevented by Penal Code sections 12021 or 12021.1.

Date: _____

(JUDICIAL OFFICER)

Clearing Your Record in California

What if I have Violated Probation or I was Convicted of a Felony?

If you violated probation or you were convicted of a felony (and want it reduced to a misdemeanor and expunged), you should prepare and attach a written declaration. The declaration that you will need to attach should include the following:

- I _____, declare:
- Describe what your life was like when you were convicted (e.g. homeless, addicted, unemployed)
- Describe what you have done to get your life together since then (e.g. rehabilitation program, job training, etc.)
- Describe your life now (e.g. church involvement, community involvement)
- Describe why you need the conviction taken off your record (e.g. it's preventing you from getting a job)
- Get and attach support letters from your rehabilitation program, job training program, etc.
- I declare under penalty of perjury of the laws of the State of California that the above is true and correct to the best of my knowledge.
- Executed on _____, at _____, California
- Print and sign your name

If your expungement request is *not* granted, you may return to the Workers Rights Clinic and we can assist you in the motion for reconsideration of the expungement and declaration.

**INFORMATION SHEET ON WAIVER
OF COURT FEES AND COSTS**
(California Rules of Court, rules 3.50-3.63)

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving financial assistance under one or more of the following programs:
 - SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
 - CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
 - The Food Stamp Program
 - County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action or Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

- OR -

2. Your total gross monthly household income is less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 1,020.83
2	1,375.00
3	1,729.16
4	2,083.33
5	2,437.50

NUMBER IN FAMILY	FAMILY INCOME
6	\$ 2,791.66
7	3,145.83
8	3,500.00
Each additional	354.16

- OR -

3. Your income is not enough to pay for the common necessities of life for yourself and the people you support and also pay court fees and costs.

To apply, fill out the Application for Waiver of Court Fees and Costs (form FW-001) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) FOR COURT USE ONLY

Print Name Here
Print Your Address
Print the City, State and Zip

If you are eligible to waive the \$60 filing fee, fill out and file pages 17-20 with your petition. (Attach proof of your income). **Caution: If the court you are filing in is downtown Los Angeles, Antelope Valley, Santa Clarita, Glendale, Burbank or Hollywood, you must use the Statement of Assets form on pages 25 – 28**

TELEPHONE NO.: Print Your Phone # FAX NO. (Optional)

E-MAIL ADDRESS (

ATTORNEY FOR (Name): Self Represented

NAME OF COURT: Los Angeles Superior Court
STREET ADDRESS: Print the Court's Information
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

PLAINTIFF/PETITIONER: People of the State of California

DEFENDANT/RESPONDENT: Print Your Name

Check this box APPLICATION FOR WAIVER OF COURT FEES AND COSTS CASE NUMBER Print the Case #

I request a court order so that I do not have to pay court fees and costs.

- 1. a. I am not able to pay any of the court fees and costs.
b. I am able to pay only the following court fees and costs (specify):

2. My current street or mailing address is (if applicable include city or town, apartment no., if any, and zip code):

Same as Above

3. a. My occupation, employer, and employer's address are (specify): Print your Work Address, if you workd.

b. My spouse's occupation, employer, and employer's address are (specify):

If you are receiving public assistance check number 4 and at least one of "a-d".

- 4. I am receiving financial assistance from the following programs:
a. SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs
b. CalWORKS: California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
c. Food Stamps: The Food Stamp Program
d. County Relief, General Relief (G.R.), or General Assistance (G.A.)

5. If you checked box 4, you must check and complete one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.

- a. (Optional) My Medi-Cal number is (specify):
b. (Optional) My social security number is (specify):

If you work, check this box to qualify to file your forms for free. You must complete question 9 on the back.

[Federal law does not require you to provide your social security number to the court. However, if you don't give your social security number, the court may not be able to verify the benefits checked in item 4.]
c. I am attaching documents to verify the benefits checked in item 4, if requested by the court.
[See Form 982(a)(1) for more information. Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4, you must complete question 9 on the back of this form.]
6. My total gross income for the last 12 months is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs attached to this form.

If your income is more than the amount listed on the information sheet, mark "7" and fill out all of the next page.

[If you checked box 6, you must complete question 9 on the back of this form.]
7. My income is more than the amount shown on the Information Sheet on Waiver of Court Fees and Costs attached to this form. I also pay court fees and costs. (If you check this box, you must complete the back of this form.)

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: Print the date
Print your name

Sign your name

(TYPE OR PRINT NAME) (Financial information on reverse) (SIGNATURE)

PLAINTIFF/PETITIONER: People of the State of California DEFENDANT/RESPONDENT: Print your name	CASE NUMBER: Print the case number
--	------------------------------------

FINANCIAL INFORMATION

8. My pay changes considerably from month to month. Check this box, each of the amounts listed below should be your average for the month.

9. MY MONTHLY INCOME

a. My gross monthly pay is: \$ _____

b. My payroll deductions are (specify purpose and amount):

- (1) _____ \$ _____
- (2) _____ \$ _____
- (3) _____ \$ _____
- (4) _____ \$ _____

My TOTAL payroll deduction amount is: \$ _____

c. My monthly take-home pay is (a. minus b.): \$ _____

d. Other money I get each month is (specify source and amount; include spousal support, child support, alimony, etc.):

- (1) _____ \$ _____
- (2) _____ \$ _____
- (3) _____ \$ _____
- (4) _____ \$ _____

The TOTAL amount of other money is: \$ _____

(If more space is needed, attach page labeled Attachment 9d.)

e. MY TOTAL MONTHLY INCOME IS

(c. plus d.): \$ _____

f. Number of persons living in my home: _____

Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

Name	Age	Relationship	Gross monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____
(5) _____	_____	_____	\$ _____

The TOTAL amount of other money is: \$ _____

(If more space is needed, attach page labeled Attachment 9f.)

g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS

(a. plus d. plus f.): \$ _____

10. I own or have an interest in:

a. Cash _____

b. Checking, savings and other bank accounts:

- (1) _____
- (2) _____
- (3) _____ \$ _____
- (4) _____ \$ _____

Fill out 9a-9g only if you marked #6 on the front page. If you marked "7" on the other page, fill out this entire page.

9d. If you get any other money like unemployment benefits or money from family, write that amount here. If you do not get any other money, just write "0".

9f. Print name, age and relationship of everyone who lives with you and who depends on the family income. If no income, put \$0.

9g. Add up all of your income and put the total on line g.

vehicles, and boats (list make, year, fair FMV), and loan balance of each):

Property	FMV	Loan Balance
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

i. Other personal property - jewelry, furniture, furs, stocks, bonds, etc. (list separately):

\$ _____

not already listed in item 9b above

- Food & maintenance \$ _____
- Medical supplies \$ _____
- Utilities \$ _____
- Insurance \$ _____
- Laundry and cleaning \$ _____
- Medical and dental payments \$ _____
- Insurance (life, health, accident, etc.) \$ _____
- School, child care \$ _____
- Child, spousal support (prior marriage) \$ _____
- Transportation and auto expenses (insurance, gas, repair) \$ _____
- Installment payments (specify purpose and amount):

(2) _____ \$ _____
 (3) _____ \$ _____
 (4) _____ \$ _____
 (5) _____ \$ _____

The TOTAL amount of other monthly expenses is: \$ _____

n. MY TOTAL MONTHLY EXPENSES ARE

(add a. through m.): \$ _____

12. Other facts which support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand you):

12. Important: If you are over income for a fee waiver, explain why you cannot afford to pay court fees, especially if you have more than one expungement.

WARNING: You must immediately tell the court if you become able to pay court fees or be ordered to appear in court and answer questions about your ability to pay court fees

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		FOR COURT USE ONLY
Print Your Name Print Your Address Print the City, state and Zip Code		
TELEPHONE NO.: Print Your Phone #	FAX NO.:	
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name): Self Represented		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles		
<small>STREET ADDRESS</small> <small>MAILING ADDRESS</small> <small>CITY AND ZIP CODE</small> <small>BRANCH NAME</small>		
PLAINTIFF/PETITIONER: People of the State of California DEFENDANT/RESPONDENT: Print Your Name		CASE NUMBER:
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS		Print Case #

- The application was filed on (date): A previous order was issued on (date):
- The application was filed by (name): **Print your name**
- IT IS ORDERED that the application, in whole in part (complete item 4 below).

Do Not Fill
Out The Rest
of This Form

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date: _____ Clerk, by _____, Deputy
JUDICIAL OFFICER

PLAINTIFF/PETITIONER (Name):
DEFENDANT/RESPONDENT (Name):

People of the State of California
Print your name

CASE NUMBER
Print the case #

4b Application is denied in whole or in part (specify reasons):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at (place): _____, California, on (date): _____

Clerk, by _____, Deputy

Leave Blank [] [] Leave Blnak [] []

(SEAL)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by _____, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY CASE NUMBER: _____
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
APPLICATION FOR WAIVER OF COURT FEES AND COSTS	

I request a court order so that I do not have to pay court fees and costs.

1. a. I am *not* able to pay any of the court fees and costs.
 b. I am able to pay *only* the following court fees and costs (specify) :

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):

3. a. My occupation, employer, and employer's address are (specify) :
 b. My spouse's occupation, employer, and employer's address are (specify) :

4. I am receiving financial assistance under one or more of the following programs:
 - a. **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
 - b. **CalWORKS:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
 - c. **Food Stamps:** The Food Stamp Program
 - d. **County Relief, General Relief (G.R.), or General Assistance (G.A.)**
5. If you checked box 4, you must check and complete one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.
 - a. (Optional) My Medi-Cal number is (specify) :
 - b. (Optional) My social security number is (specify) :
 _____ and my date of birth is (specify) :
[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]
 - c. I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
[See Form FW-001-INFO] Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. My total gross monthly household income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs available from the clerk's office.

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f and 9g on the back of this form, and sign at the bottom of this side.]

7. My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. [If you check this box, you must complete the back of this form.]

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: _____

_____ (TYPE OR PRINT NAME) _____ (Financial information on reverse) _____ (SIGNATURE)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
--	--------------

FINANCIAL INFORMATION

8. My pay changes considerably from month to month. *[If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]*

9. MY MONTHLY INCOME

a. My gross monthly pay is: \$ _____

b. My payroll deductions are (specify purpose and amount):

(1) _____ \$ _____

(2) _____ \$ _____

(3) _____ \$ _____

(4) _____ \$ _____

My TOTAL payroll deduction amount is: \$ _____

c. My monthly take-home pay is (a. minus b.): \$ _____

d. Other money I get each month is (specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):

(1) _____ \$ _____

(2) _____ \$ _____

(3) _____ \$ _____

(4) _____ \$ _____

The TOTAL amount of other money is: \$ _____
 (If more space is needed, attach page labeled Attachment 9d.)

e. MY TOTAL MONTHLY INCOME IS (c. plus d.): \$ _____

f. Number of persons living in my home: _____
 Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____
(5) _____	_____	_____	\$ _____

The TOTAL amount of other money is: \$ _____
 (If more space is needed, attach page labeled Attachment 9f.)

g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS (a. plus d. plus f.): \$ _____

10. I own or have an interest in the following property:

- a. Cash _____ \$ _____
- b. Checking, savings and credit union accounts (list banks)
- (1) _____ \$ _____
- (2) _____ \$ _____
- (3) _____ \$ _____
- (4) _____ \$ _____

10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

e. Other personal property - jewelry, furniture, furs, stocks, bonds, etc. (list separately):
 \$ _____

11. My monthly expenses not already listed in item 9b above are the following:

- a. Rent or house payment & maintenance \$ _____
- b. Food and household supplies \$ _____
- c. Utilities and telephone \$ _____
- d. Clothing \$ _____
- e. Laundry and cleaning \$ _____
- f. Medical and dental payments \$ _____
- g. Insurance (life, health, accident, etc.) \$ _____
- h. School, child care \$ _____
- i. Child, spousal support (prior marriage) \$ _____
- j. Transportation and auto expenses (insurance, gas, repair) \$ _____
- k. Installment payments (specify purpose and amount)
- (1) _____ \$ _____
- (2) _____ \$ _____
- (3) _____ \$ _____

The TOTAL amount of monthly installment payments is: \$ _____

l. Amounts deducted due to wage assignments and earnings withholding orders: \$ _____

- m. Other expenses (specify):
- (1) _____ \$ _____
- (2) _____ \$ _____
- (3) _____ \$ _____
- (4) _____ \$ _____
- (5) _____ \$ _____

The TOTAL amount of other monthly expenses is: \$ _____

n. MY TOTAL MONTHLY EXPENSES ARE (add a. through m.): \$ _____

12. Other facts which support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

PLAINTIFF/PETITIONER (Name) :	CASE NUMBER:
DEFENDANT/RESPONDENT (Name) :	

4b Application is denied in whole or in part (specify reasons) :

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at (place) : _____, California, on (date) :

Clerk, by _____, Deputy

[SEAL]

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by _____, Deputy

This is the 2 page form to
waiver the \$60 filing fee for
the following courts:
Downtown Los Angeles,
Antelope Valley, Santa Clarita,
Glendale, Burbank or
Hollywood. Answer each
question completely, attach
proof of income, and file it
with your petition.

NAME OF VICTIM ON WHOSE BEHALF RESTITUTION IS ORDERED:	
NAME OF COURT	Los Angeles County Superior Court
STREET ADDRESS	Print the Court's Information
MAILING ADDRESS	
CITY AND ZIP CODE	
BRANCH NAME:	
PEOPLE OF THE STATE OF CALIFORNIA	
vs	
DEFENDANT:	Print your name
DEFENDANT'S STATEMENT OF ASSETS	CASE NUMBER Print case #

It is a misdemeanor to make any willful misstatement of material fact in completing this form (Pen. Code, § 1202.4(f)(4).)

(Attach additional sheets if the space provided below for any item is not sufficient.)

PERSONAL INFORMATION

- 1. a. Name:
- b. AKA:
- c. Date of birth:
- d. Social security number:
- e. Marital status:
- f. Driver license number:
- State of issuance:
- g. Home address:
- h. Home telephone no.:
- i. Employer's telephone no.:

EMPLOYMENT

- 2. What are your sources of income and occupation? (Provide job title and name of division or office in which you work.)
- 3. a. Name and address of your business or employer (include address of your payroll or human resources department, if different):
- b. If not employed, names and addresses of all sources of income (specify):
- 4. How often are you paid (for example, daily, weekly, biweekly, monthly)? (specify):
- 5. What is your gross pay each pay period? \$
- 6. What is your take-home pay each pay period? \$
- 7. If your spouse earns any income, give the name and address of the business or employer, job title, and division or office (specify):
- 8. Other sources of income (specify):

CASH, BANK DEPOSITS

- 9. How much money do you have in cash? \$
- 10. How much other money do you have in banks, savings and loans, credit unions, and other financial institutions either in your own name or jointly (list):

	Name and address of financial institution	Account number	Individual or joint?	Balance
a.				\$
b.				\$
c.				\$

PROPERTY

- 11. List all automobiles, other vehicles, and boats owned in your name or jointly:
- | | Make and year | Value | Legal owner if different from registered owner | Amount owed |
|----|---------------|-------|--|-------------|
| a. | | \$ | | \$ |
| b. | | \$ | | \$ |
| c. | | \$ | | \$ |

(Continued on reverse)

PEOPLE OF THE STATE OF CALIFORNIA vs. Print your name DEFENDANT:	CASE NUMBER Print case #
--	---------------------------------

12. List all real estate owned in your name or jointly:

	<u>Address of real estate</u>	<u>Fair market value</u>	<u>Amount owed</u>
a.		\$	\$
b.		\$	\$

OTHER PERSONAL PROPERTY (*Do not list household furniture and furnishings, appliances, or clothing.*)

13. List anything of value not listed above owned in your name or jointly (*continue on attached sheet if necessary*):

	<u>Description</u>	<u>Value</u>	<u>Address where property is located</u>
a.		\$	
b.		\$	
c.	(Means money or other valuables)		

ASSETS

14. List all other assets, including stocks, bonds, mutual funds, and other securities (*specify*):

15. Is anyone holding assets for you? Yes. No. If yes, describe the assets and give the name and address of the person or entity holding each asset (*specify*):

16. Except for attorney fees in this matter and ordinary and routine household expenses, have you disposed of or transferred any assets since your arrest on this matter? Yes. No.

If yes, give the name and address of each person or entity who received any asset and describe each asset (*specify*):

DEBTS

17. Loans (*give details*):

18. Taxes (*give details*):

19. Support arrearages (*attach copies of orders and statements*):

(means spousal or child support that you owe and is past due)

20. Credit cards (*give creditor's name and address and the account number*):

21. Other debts (*specify*):

Date: _____
Date your sign
Print your name here

Sign your name here

 (TYPE OR PRINT NAME)

 (SIGNATURE)

I, (name): _____, a certified interpreter, having been duly sworn, truly translated this form to the defendant in the (specify language): _____ language. The defendant indicated that he/she understood the contents of the form and he/she completed the form.
 Date: _____

 (SIGNATURE)

 (TYPE OR PRINT NAME)

 (SIGNATURE)

NAME OF VICTIM ON WHOSE BEHALF RESTITUTION IS ORDERED:	FOR COURT USE ONLY
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT:	
DEFENDANT'S STATEMENT OF ASSETS	CASE NUMBER:

It is a misdemeanor to make any willful misstatement of material fact in completing this form (Pen. Code, § 1202.4(f)(4).)

(Attach additional sheets if the space provided below for any item is not sufficient.)

PERSONAL INFORMATION

- | | |
|---|---|
| 1. a. Name:
b. AKA:
c. Date of birth:
d. Social security number:
e. Marital status: | f. Driver license number:
State of issuance:
g. Home address:
h. Home telephone no.:
i. Employer's telephone no.: |
|---|---|

EMPLOYMENT

2. What are your sources of income and occupation? *(Provide job title and name of division or office in which you work.)*
3. a. Name and address of your business or employer *(include address of your payroll or human resources department, if different):*
- b. If not employed, names and addresses of all sources of income *(specify):*
4. How often are you paid (for example, daily, weekly, biweekly, monthly)? *(specify):*
5. What is your gross pay each pay period? \$
6. What is your take-home pay each pay period? \$
7. If your spouse earns any income, give the name of your spouse, the name and address of the business or employer, job title, and division or office *(specify)* :
8. Other sources of income *(specify)* :

CASH, BANK DEPOSITS

9. How much money do you have in cash? \$
10. How much other money do you have in banks, savings and loans, credit unions, and other financial institutions either in your own name or jointly *(list)* :

	<u>Name and address of financial institution</u>	<u>Account number</u>	<u>Individual or joint?</u>	<u>Balance</u>
a.				\$
b.				\$
c.				\$

PROPERTY

11. List all automobiles, other vehicles, and boats owned in your name or jointly: Legal owner if different from registered owner
- | | <u>Make and year</u> | <u>Value</u> | <u>Legal owner if different from registered owner</u> | <u>Amount owed</u> |
|----|----------------------|--------------|---|--------------------|
| a. | | \$ | | \$ |
| b. | | \$ | | \$ |
| c. | | \$ | | \$ |

(Continued on reverse)

12. List all real estate owned in your name or jointly:

	<u>Address of real estate</u>	<u>Fair market value</u>	<u>Amount owed</u>
a.		\$	\$
b.		\$	\$

OTHER PERSONAL PROPERTY (*Do not list household furniture and furnishings, appliances, or clothing.*)

13. List anything of value not listed above owned in your name or jointly (*continue on attached sheet if necessary*):

	<u>Description</u>	<u>Value</u>	<u>Address where property is located</u>
a.		\$	
b.		\$	
c.		\$	

ASSETS

14. List all other assets, including stocks, bonds, mutual funds, and other securities (*specify*):

15. Is anyone holding assets for you? Yes. No. If yes, describe the assets and give the name and address of the person or entity holding each asset (*specify*):

16. Except for attorney fees in this matter and ordinary and routine household expenses, have you disposed of or transferred any assets since your arrest on this matter? Yes. No.

If yes, give the name and address of each person or entity who received any asset and describe each asset (*specify*):

DEBTS

17. Loans (*give details*):

18. Taxes (*give details*):

19. Support arrearages (*attach copies of orders and statements*):

20. Credit cards (*give creditor's name and address and the account number*):

21. Other debts (*specify*):

Date:

(TYPE OR PRINT NAME)	▶	(SIGNATURE)
----------------------	---	-------------

I, (name): _____, a certified interpreter, having been duly sworn, truly translated this form to the defendant in the (specify language): _____ language. The defendant indicated that he/she understood the contents of the form and he/she completed the form.

Date:

(TYPE OR PRINT NAME)	▶	(SIGNATURE)
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STEP 4

Serve the Prosecuting Attorney

One copy of your expungement petition is for the City or District Attorney. One copy is for your files.

1. The law requires that the prosecuting attorney get notice (also known as “service”) of the filing of the petition at least 15 days before the judge hears your petition for an expungement. Service can be done in person, by mail or by delivering a copy of the petition to the office of prosecuting attorney. The D.A. has an office at every criminal courthouse.
2. “Serving” the petition merely means that someone, other than you, hand-delivers or mails a copy of the petition to the City/ District Attorney’s office.
3. Usually, the City Attorney is notified for misdemeanor expungements, and the District Attorney for felonies. If you are not sure, ask the clerk at the time you file your expungement petition.
4. You, as the defendant who is filing the expungement petition, cannot be the one to serve the D.A. or City Attorney. You must have an adult who is 18 years of age or older serve the prosecuting attorney.
5. Once the D.A. or City Attorney has been served, a “Proof of Service” form must be filled out. The person who did the service should fill out the Proof of Service form and you should attach a copy of the Proof of Service to your petition and then file them with the court. The form tells the judge that the prosecuting agency has been served as required by law. Without it, the judge cannot hear your petition for an expungement.

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PROOF OF SERVICE BY MAIL

I am resident/employed in the County of Los Angeles; am over the age of eighteen years and not a party to the within action. My address is:

On _____, I served the following document(s) :

on,

Attention: _____

Address: _____

by placing a copy in a sealed envelope and serving the document(s) to the above address.

I declare under penalty of perjury that the foregoing is correct.

Executed on _____, at _____, California.

Name: _____ Signature: _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:		
<p style="text-align: center;">PROOF OF SERVICE-CIVIL</p> Check method of service (only one): <input type="checkbox"/> By Personal Service <input type="checkbox"/> By Mail <input type="checkbox"/> By Overnight Delivery <input type="checkbox"/> By Messenger Service <input type="checkbox"/> By Facsimile <input type="checkbox"/> By E-Mail/Electronic Transmission		CASE NUMBER: JUDGE: DEPT.:

(Do not use this Proof of Service to show service of a Summons and Complaint.)

1. At the time of service I was over 18 years of age and not a party to this action.
2. My address is (specify one):
 - a. Business:
 - b. Residence:
3. On (date): _____ I served the following documents (specify):

 The documents are listed in the Attachment to Proof of Service-Civil (Documents Served) (form POS-040(D)).
4. I served the documents on the persons below, as follows:
 - a. Name of person served:
 - b. Address of person served:
 - c. Fax number or e-mail address of person served, if service was by fax or e-mail:
 - d. Time of service, if personal service was used:
 The names, addresses, and other applicable information about the persons served is on the Attachment to Proof of Service-Civil (Persons Served) (form POS-040(P)).
5. The documents were served by the following means (specify):
 - a. By personal service. I personally delivered the documents to the persons at the addresses listed in item 4.
 (1) For a party represented by an attorney, delivery was made to the attorney or at the attorney's office by leaving the documents in an envelope or package clearly labeled to identify the attorney being served with a receptionist or an individual in charge of the office. (2) For a party, delivery was made to the party or by leaving the documents at the party's residence with some person not less than 18 years of age between the hours of eight in the morning and six in the evening.

CASE NAME	CASE NUMBER:
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5. b. **By United States mail.** I enclosed the documents in a sealed envelope or package addressed to the persons at the addresses in item 4 and (*specify one*):
- (1) deposited the sealed envelope with the United States Postal Service, with the postage fully prepaid.
 - (2) placed the envelope for collection and mailing, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.
- I am a resident or employed in the county where the mailing occurred. The envelope or package was placed in the mail at (*city and state*):
- c. **By overnight delivery.** I enclosed the documents in an envelope or package provided by an overnight delivery carrier and addressed to the persons at the addresses in item 4. I placed the envelope or package for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
- d. **By messenger service.** I served the documents by placing them in an envelope or package addressed to the persons at the addresses listed in item 4 and providing them to a professional messenger service for service. (*A declaration by the messenger must accompany this Proof of Service or be contained in the Declaration of Messenger below.*)
- e. **By fax transmission.** Based on an agreement of the parties to accept service by fax transmission, I faxed the documents to the persons at the fax numbers listed in item 4. No error was reported by the fax machine that I used. A copy of the record of the fax transmission, which I printed out, is attached.
- f. **By e-mail or electronic transmission.** Based on a court order or an agreement of the parties to accept service by e-mail or electronic transmission, I caused the documents to be sent to the persons at the e-mail addresses listed in item 4. I did not receive, within a reasonable time after the transmission, any electronic message or other indication that the transmission was unsuccessful.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____ (TYPE OR PRINT NAME OF DECLARANT) ▶ _____ (SIGNATURE OF DECLARANT)

(If item 5d above is checked, the declaration below must be completed or a separate declaration from a messenger must be attached.)

DECLARATION OF MESSENGER

- By personal service.** I personally delivered the envelope or package received from the declarant above to the persons at the addresses listed in item 4. (1) For a party represented by an attorney, delivery was made to the attorney or at the attorney's office by leaving the documents in an envelope or package, which was clearly labeled to identify the attorney being served, with a receptionist or an individual in charge of the office. (2) For a party, delivery was made to the party or by leaving the documents at the party's residence with some person not less than 18 years of age between the hours of eight in the morning and six in the evening.

At the time of service, I was over 18 years of age. I am not a party to the above-referenced legal proceeding.

I served the envelope or package, as stated above, on (*date*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____ (NAME OF DECLARANT) ▶ _____ (SIGNATURE OF DECLARANT)

WHAT DOES IT MEAN TO "EXPUNGE" MY RECORD?

If you have successfully gotten a 1203.4 dismissal ("expungement"), it does NOT mean that the conviction is wiped away, sealed, purged or destroyed! The arrest is still there, charges are still there, but technically the conviction is "set aside and dismissed".

Okay, so what does that mean?

1. On your official criminal history kept in Sacramento, the case number will have the words "set aside and dismissed" next to it instead of "convicted". That might help you for things like getting state licenses (like nursing licenses, etc). On background checks done by private employers, they might see that the conviction was dismissed also. There is no guarantee, though, that they won't still see the conviction, because your court file is open to public inspection.
2. If potential employer asks you if you have ever been convicted, you can honestly answer no! Legally, the conviction has been set aside and dismissed. If you know they are going to do a background check, though, you might want to say that you had a case dismissed (just in case they don't see the expungement when they look through the public records).

IMPORTANT! There are a few places you still have to say yes, you have been convicted, even if it's all been expunged. Those places are: 1) the ICE; 2) any state or local licensing agency (like when you're applying for a guard card or nursing license); 3) contracts with the state lottery; and 4) in an application for public office.

3. If you're applying for a job in a different state, it's best to be on the safe side and tell potential employers that you had a case but it was dismissed, just in case they have different rules.

What about the police and government agencies?

1. Expunged convictions can still be used as priors and strikes.
2. Expunged convictions can still affect your driving privileges.
3. Expunged convictions can still restrict your ability to possess a firearm.
4. Expungement does not affect sex offender registration requirements.
5. Expungement may help you get a state license, but it's NO GUARANTEE! You should check with the licensing agency to see if you can get a license with your criminal background, even if the convictions are expunged.

Organizations in L.A. County that help individuals clean up criminal records

NAME	SCOPE OF WORK	SERVICE AREA	HOW TO CONTACT
Legal Aid Foundation of L.A.	Expungements, driver's license reinstatement	Greater Los Angeles and Long Beach	Monday through Friday 9:00 am-1:00 pm @ 323/801-7989 x 5250
Pepperdine Legal Aid Clinic	Expungements	Los Angeles County	Call for appointment: 213/347-6300 x 4413
Friends Outside	Expungements	Los Angeles County	323/249-9683 x 101
Public Defender's Office	Certificates of Rehabilitation	Los Angeles County	Call for appointment 213/974-3057
Eastlake Juvenile Court (sealing clerk)	Sealing of juvenile records only	Los Angeles County	323/226-2854 1601 Eastlake , L.A.
Neighborhood Legal Services of L.A. County	Expungements	San Fernando Valley and Antelope Valley	Mission College Workers' Rights Clinic Saturdays 9am-12pm; 800/433-6251
Neighborhood Legal Services of L.A. County	Expungements	San Gabriel Valley and Pomona	El Monte Workers' Rights Clinic, Wednesdays 5-8 pm; Call 800/433-6251

Organizaciones en el Condado de L.A. que ayudan a individuos a limpiar expedientes criminales

NOMBRE	TIPO DE TRABAJO	ÁREA DE SERVICIO	CÓMO CONTACTAR
Fundación de Ayuda Legal de L.A.	Erradicaciones de expedientes, reinstalaciones de licencias de conducir	Ciudades de Los Ángeles y Long Beach	Lunes a Viernes 9:00 am – 1:00 pm @ 323/801-7989 x 5250
Friends Outside (Amigos Afuera)	Erradicaciones de expedientes	El Condado de Los Angeles	323/974-3057 x 101
Clínica de Ayuda Legal de Pepperdine	Erradicaciones de expedientes	El Condado de Los Ángeles	Llame para hacer una cita: 213/347-6300 x 4413
Defensor Publico	Certificados de Rehabilitación	El Condado de Los Ángeles	Llame para hacer una cita: 213/974-3057
Corte Juvenil de Eastlake (oficinista de clausuras)	Clausura de expedientes juveniles solamente	El Condado de Los Angeles	323/226-2854 1601 Eastlake, L.A.
Servicios Legales de la Vecindad del Condado de L.A.	Erradicaciones de expedientes	Valle de San Fernando, Antílope, y San Gabriel	800/433-6251