|  |  |  |
| --- | --- | --- |
| **STATE OF INDIANA** | **)**  |  |
|  | **)SS:** |  |

|  |  |  |
| --- | --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_ COUNTY** | **)**  | **CAUSE NO:  XXXXX-XXXX-JM-XXXXX** |

**IN THE MATTER OF**

**THE EXPUNGEMENT OF JUVENILE**

**CHILD IN NEED OF SERVICES**

**RECORDS OF \_\_\_\_\_\_\_\_\_:**

**VERIFIED PETITION FOR EXPUNGEMENT OF**

**JUVENILE CHILD IN NEED OF SERVICES RECORDS**

­­­­­­­­­­­­­­­I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_, state the following in support of this Verified Petition for Expungement of Juvenile Child in Need of Services Records filed pursuant to IC 31-39-8:

1. I was involved in Child in Need of Services case(s) with the following allegations:

|  |  |  |
| --- | --- | --- |
| [LIST ALLEGATIONS]  | [DATE OF ADJUDICATION]  | [CASE/CAUSE NUMBER] |
|  |  |  |
|  |  |  |
|  |  |  |

2. The allegation(s)/petition(s) were filed in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court.

3. I was born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

4. My Social Security Number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

5. [Check one of the following.]

\_\_\_\_\_ I have had NO other juvenile delinquency, child in need of services, or adult cases or charges AFTER the case(s) I am trying to expunge.

\_\_\_\_\_ I have had other juvenile delinquency, child in need of services, or adult cases or charges AFTER the case(s) I am trying to expunge as follows:

|  |  |
| --- | --- |
| [LIST OFFENSE] | [CASE/CAUSE NUMBER] |
|  |  |
|  |  |

Wherefore, I respectfully request the Court order that all records, paper or electronic, be removed from the files of the Court, all law enforcement agencies, and/or all service providers involved in my case[s].

I also request that all paper records be destroyed and that electronic data from those records be maintained by the Court on a secure database that does not enable my identification to the public or another person not having legal or statutory authority to access said records.

I affirm under penalties of perjury that the above information is true to the best of my knowledge and belief.

Respectfully submitted,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

I hereby certify that on [DATE], a true and accurate copy of this document was served upon each party or attorney of record herein and to the Indiana Department of Child Services, Local Office in \_\_\_\_\_\_\_\_\_\_ County.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Address of Petitioner:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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