



SPOKANE COUNTY JUVENILE COURT

IN ACCORDANCE WITH WASHINGTON STATE LAW AS OF JUNE 2009



SPOKANE COUNTY JUVENILE COURT Superior Court

1208 West Mallon Avenue
Spokane, WA 99201-2091

Phone: (509) 477-4742
Fax: (509) 477-2699

SEALING OR DESTRUCTION OF SPOKANE COUNTY JUVENILE RECORDS AS OF JUNE 2009

YOU SHOULD BE AWARE – Although you have met the criteria to seal or destroy your juvenile record in juvenile court, your juvenile record information may be disclosed by other government or private agencies.

FOR SEALING JUVENILE RECORDS ONLY -Although you have met the criteria to seal your case(s) in juvenile court, your case(s) may remain open with other government or private agencies, especially if you have outstanding fines, fees and/or penalties including Victim's Compensation Fund (PAV).

IF YOU ARE 18 YEARS OLD AND YOUR ONLY CRIMINAL HISTORY IS A SINGLE JUVENILE DIVERSION AGREEMENT COMPLETION OR COUNSEL AND RELEASE, AND WAS ENTERED INTO ON OR AFTER JUNE 12, 2008, THE COURT WILL AUTOMATICALLY DESTROY ITS RECORDS IF TWO YEARS HAVE PASSED SINCE THE DIVERSION OR COUNSEL AND RELEASE WAS COMPLETED AND YOU HAVE NO CRIMINAL MATTERS PENDING AND YOU DO NOT OWE ANY RESTITUTION.

AS OF 7/26/09 - IF YOU RECENTLY TURNED 18 YEARS OLD AND YOU HAVE A SUCCESSFUL DEFERRED DISPOSITION ON YOUR JUVENILE RECORD AND HAVE NO CRIMINAL CHARGES PENDING AGAINST YOU, THE COURT WILL AUTOMATICALLY SEAL YOUR DEFERRED DISPOSITION. IF YOU HAVE OTHER REFERRALS ON YOUR JUVENILE RECORD, YOU WILL HAVE TO PETITION THE COURT TO HAVE YOUR ENTIRE JUVENILE RECORD SEALED. IF YOU HAD A SUCCESSFUL DEFERRED DISPOSITION AND ARE OLDER THAN 18 YEARS OF AGE, YOU CAN REQUEST THE COURT TO SEAL YOUR DEFERRED DISPOSITION FREE OF CHARGE. IF YOU HAVE OTHER REFERRALS ON YOUR JUVENILE RECORD, YOU WILL HAVE TO PETITION THE COURT TO HAVE YOUR ENTIRE JUVENILE RECORD SEALED.

If your juvenile record does not meet the above criteria, please see the three options listed below.

Spokane County Juvenile Court will check your records to determine if the conditions of the law have been met to make you eligible for sealing or destruction. However, this process could take up to two weeks. You will receive a letter stating your eligibility. If you are not eligible to have your record sealed or destroyed you will not be charged a fee.

We are unable to provide you with legal advice or legal forms; however, you may refer to the attached pamphlet with a list of websites that may assist you.



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If you qualify to have your record sealed or destroyed, you have 3 options:

OPTION 1:

You may pay an Administrative Service Fee to Juvenile Court.

- You pay the \$100 Administrative Service Fee. The fee is NON-REFUNDABLE.
- After receiving this payment, we will prepare a Notice, Motion and Motion on Order to Seal or Destroy Juvenile Records, set a Hearing date, notify affected agencies of intent to seal or destroy records, obtain Judicial Officer signature and send a copy of the Order to seal or destroy to you and all affected agencies.
- We accept requests and payments from 8:30a.m. – 4:00p.m. Monday through Friday. We only accept cash in the exact amount, check or money order. No other payment method is accepted.
- You have 14 days from the date on the instruction letter to return the Notice, Motion and Motion on Order. If you do not return these documents in 14 days, you must begin the process again.
- Contact the Juvenile Court Social Files Department to begin the process.

OPTION 2:

You may hire an attorney.

Social Files staff cannot recommend attorneys or lawyers if you choose this option.

OPTION 3:

You may complete the appropriate paperwork. Social Files staff cannot give out legal advice or assistance if you choose this option.

Please recognize this is a very complicated legal process. Assistance will NOT be provided if you choose this option. You can refer to the attached brochure from AOC for sealing/destruction criteria, procedures, web sites and the AOC phone number.

REQUEST FOR SEALING OR DESTRUCTION OF RECORDS

DATE: _____

DOB: _____

NAME: _____
(LAST) (FIRST) (MI)

ADDRESS: _____

CITY _____ STATE & ZIP CODE _____

PHONE: _____

REQUEST FOR SEALING OR DESTRUCTION OF RECORDS

DATE: _____

DOB: _____

NAME: _____
(LAST) (FIRST) (MI)

ADDRESS: _____

CITY _____ STATE & ZIP CODE _____

PHONE: _____