

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE INTEREST OF

**Petition to Expunge Court
Record of Adjudication/
Recommendation of
District Attorney**

Name

Date of Birth

Case No. _____

UNDER OATH I STATE:

1. I am the person adjudicated delinquent in this case. I am asking that the court's record of my adjudication be expunged. I understand that if the record is expunged:
 - only the court record of the adjudication will be expunged;
 - other court records, records of the police, the Crime Information Bureau, and other law enforcement agencies, district attorney, or social services will not be affected;
 - expungement does not mean that the delinquency adjudication is vacated or set aside, only that no record of the adjudication will exist in this court's records.
2. I am now 17 years of age or older.
3. I have satisfactorily completed all provisions of the court's dispositional order in this case, including any revisions or modifications of same.
4. Society will not be harmed by granting my request to expunge the record of the adjudication.
5. It will benefit me to have the record of the adjudication expunged.

**I declare under the criminal penalty of false swearing
that the information I have provided is true and
accurate.**



Petitioner's Signature

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)

Instruction to petitioner: Before filing with the court, please have the district attorney involved in your case complete the recommendation below. Depending on the district attorney's recommendation, the court may or may not schedule a hearing in this matter before making a decision.

Recommendation of District Attorney

- ☐ 1. I support the Petition.
- ☐ 2. I object to the Petition and request that this matter be set for a hearing on the Petition.

District Attorney

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)

DISTRIBUTION:

1. Court
2. Petitioner
3. District Attorney