



TRAVIS COUNTY JUVENILE PROBATION DEPARTMENT

2515 South Congress Avenue | Austin, Texas 78704
Phone: (512) 854-7000

Cory J. Burgess
Chief Juvenile Probation Officer

PID \_\_\_\_\_

Application to Seal Juvenile Records

JV \_\_\_\_\_

(Office use only)

TO: Travis County Juvenile Court Judge
2515 South Congress Avenue
Austin, Texas 78704
Juv-TCJuvenileRecordsInfo@traviscountytexas.gov

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE PRINT THE FOLLOWING INFORMATION:

ALL INFORMATION PROVIDED SHOULD BE IN REGARD TO THE APPLICANT

Applicant's First, Middle, & Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_

Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Current Address (needed for correspondence): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please check one of the following:

- I prefer to PICK -UP correspondence in person
I prefer to receive correspondence via certified mail
I prefer to receive correspondence via e-mail

Phone Number(s): (including area code)

cell number (\_\_\_\_) \_\_\_\_-\_\_\_\_
alternate number (\_\_\_\_) \_\_\_\_-\_\_\_\_
email address: \_\_\_\_\_

Texas Drivers License OR Identification Card Number of Applicant: \_\_\_\_\_

Copy of I.D. MUST BE ATTACHED to this application to be filed

Sex (circle one): MALE FEMALE
Race/Ethnicity (circle one): African American Hispanic White Other: \_\_\_\_\_

For each offense charged against respondent (applicant) or for which the respondent (applicant) was referred to the Juvenile Justice System, list the name of offense(s), the date(s), and the county where the offense was alleged to have been committed.

If unknown, provide an explanation. Please do not leave this section blank.

Table with 3 columns: OFFENSE DATE, OFFENSE, COUNTY WHERE ALLEGED OFFENSE COMMITTED. Includes a row for TRAVIS COUNTY.

List the name of the agency(s) that referred you to TCJPD and/ or detained you (ex.: APD, TCSO, AISD PD):

If you are aware of any agency or entity that has files or records regarding this matter other than the agency(s) listed above, you may list the name and address here:

SPECIFIC REASON FOR APPLYING: \_\_\_\_\_

If I am unable to provide any of the information above, I understand that my application may be denied, or the application process may be delayed due to lack of information.

SIGNATURE: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Relationship to applicant: Self Parent Other: Explain \_\_\_\_\_