

The Family Court of the State of Delaware

In and For [ ]  New Castle County [ ]  Kent County [ ]  Sussex County

**STATE CRIMINAL HISTORY REQUIREMENT FOR JUVENILE EXPUNGEMENT**

Any individual seeking the expungement of a juvenile record must obtain and attach a copy of their Certified State Criminal History to their pleading. To obtain a copy of the Certified State Criminal History, you must schedule a fingerprinting appointment in advance at one of the SBI locations. Walk-in services will not be accepted. To schedule an appointment, go to

<https://dsp.delaware.gov/obtaining-a-certified-criminal-history/>.

Don’t have access to the internet? You can still schedule an appointment by calling ***866-761-8069.***

There is a fee to obtain your fingerprints and your certified criminal history report. **Personal checks or cash will NOT be accepted at any location.**

You will receive your certified criminal history report through email.

The Family Court of the State of Delaware

In and For [ ]  New Castle County [ ]  Kent County [ ]  Sussex County

**PETITION FOR EXPUNGEMENT OF JUVENILE RECORD (MANDATORY)**

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| Petitioner |
|       |
| DOB |
|       |
| Street Address (including Apt) |
|       |
| P.O. Box Number |
|       |
| City/State/Zip Code |
|       |
| Email Address |
|       |
| Attorney Name  |
|       |
|  Interpreter needed? [ ]  Yes [ ]  No |
|  Language       |
|  |

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| Criminal Case No. |
|                      |
| CPI No. |
|       |

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| --- | --- | --- | --- | --- | --- | --- |
| 1. | I am |       |  | an adult born on |       |  |
|  | (hereinafter “Petitioner”) seeking to expunge the juvenile cases identified below. |
|  | **OR** |  |  |  |  |  |
|  | I am |       | the parent/guardian, guardian *ad litem* or attorney of the |
|  | minor child listed above who was born on |       | who is seeking to expunge said minor |
|  | child’s (hereinafter “Petitioner”) juvenile cases identified below.  |  |
|  2. | A certified copy of Petitioner’s state criminal history from the Delaware State Bureau of Identification (“SBI”) is  |
|  | attached hereto. |
| 3. | Please check the box or boxes as appropriate: |
| [ ]  | I am requesting expungement of the following case(s) based on Section 1017(a)(1) of Title 10 because they were terminated in my favor:  |
| Criminal Case Number | Charge | Disposition | Disposition Date |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |

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| [ ]  | I am requesting expungement of the following case(s) based on Section 1017(a)(2) of Title 10 because they contain adjudications of delinquency **only** for 1 or more of the following: (a) underage possession or consumption of alcohol under Section 904(e) or (f) of Title 4; (b) possession of marijuana under Section 4764 of Title 16; or (c) possession of drug paraphernalia under Section 4771 of Title 16.   |
| Criminal Case Number | Charge | Disposition | Disposition Date |
|       |       |       |       |
|       |       |       |       |
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| [ ]  | I am requesting expungement of the following case based on Section 1017(a)(3) of Title 10. The identified case is a felony, misdemeanor, or violation case that resulted in an adjudication of delinquency and at least three (3) years have passed since the date of adjudication. I understand that an adjudication for a violent felony, felony sex offense, or misdemeanor sex offense as defined by Section 1016 of Title 10 is ineligible for a mandatory expungement. I also confirm that other than cases listed on this petition, I have no other adjudications of delinquency or adult convictions in any Court and I have no pending delinquency or criminal charges. |
| Criminal Case Number | Charge | Disposition | Disposition Date |
|       |       |       |       |
|       |       |       |       |
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|  |       |
|  | Petitioner’s Signature |
|  |       |
|  | Petitioner’s Printed Name |
| Sworn to subscribed before me this |       | day of  |       | ,  |       |  |
|  |
|  |       |  |       |  |
|  | Clerk of Court/Notary Public |  | Date |  |