

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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|  | 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 | |  |