CLEARING YOUR ADULT CRIMINAL RECORD IN CALIFORNIA

A Step-by-Step Guide

Including:

• How to get your criminal record
• How to correct your record
• How to expunge your record
• What convictions can be expunged
• Sample forms and petitions
• Where to get help

Revised April 2007

Los Angeles County NEIGHBORHOOD Legal Services
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STEP 1

Determine whether you are ELIGIBLE and READY to expunge

AM I ELIGIBLE?

- My misdemeanor or felony conviction resulted in jail time and/or probation, not prison time and parole
  - If you are a parolee, you are not eligible for expungement but you can contact the Public Defender at 213/974-3057 for assistance with a “Certificate of Rehabilitation”
  - If you were convicted of a federal crime, you are not eligible for expungement

AM I READY?

To be ready, you must:
- Not be serving a sentence
- Not be on probation or parole (for any conviction)
- Not be charged with a crime
- Have paid all court fines and fees (on this case)
  - You should contact the court's fiscal office to make sure that all fees or fines have been paid.
STEP 2
Now that you’ve determined you’re eligible and ready – You need your criminal record

You need the following information for your expungement petition:

- Court where you were convicted
- Name you were convicted under
- Case Number
- Date of Conviction
- Section number and code of violation (e.g. 647(b) of the Penal Code)
- If you got probation, whether you picked up any other offense during the period of probation regardless of whether you formally violated probation

You can get this information from:

Your court file (also known as a docket)
- If you were convicted in Los Angeles County any criminal court should be able to provide you with all of your docket sheets for free.
- If your conviction is outside of Los Angeles County you will have to contact the court clerk where you were convicted for information on how to get your court file.

OR

1. Your Department of Justice “Rap Sheet”
- (if you don't know where you were convicted or have multiple convictions it is safer to get your rap sheet)
- See the “Live Scan” instructions on Page 3 and fee waiver form on Page 7
## INSTRUCTIONS ON HOW TO GET YOUR DEPARTMENT OF JUSTICE RAP SHEET AND FINGERPRINT LIVESCAN

You will need a fingerprint Livescan (cost is approximatley $20) to obtain your Rap Sheet (cost is $25). The $25 Rap Sheet fee can be waived if you are eligible for a fee waiver.

### INSTRUCTIONS IF ELIGIBLE FOR FEE WAIVER

**Step 1:** If your family receives food stamps, CalWORKs or similar government benefits or is very low income you may be eligible to waive the $25 Rap Sheet fee. You must still pay the fingerprint fee. Requesting the waiver will add approximately 2 weeks to the process of obtaining your Rap Sheet.

**Step 2:** Fill out the "Application and Declaration for Waiver of Fee for Obtaining Criminal History Record Waiver", attach your proof of income, and prepare a brief letter addressed to California Department of Justice (DOJ), Record Review Unit, P. O. Box 903417, Sacramento, CA 94203-4170 stating you are requesting a copy of your Rap Sheet because you want to expunge your convictions. Fax this request to fax no. (916) 227-1964.

**Step 3:** If your Fee Waiver is approved, the DOJ will send you a preprinted "Request for Live Scan Service" about 2 weeks later. Fill out the remainder of the "Request for Live Scan Service" and make 2 copies. The original is for the DOJ; the copies are for you and the Live Scan agency.

*If you do not receive the Request after 2 weeks, call the DOJ at (916) 227-3835 to make sure that your documents are being processed. Leave your full name and a telephone number in their voicemail so they can return your call.*

**Step 4:** Take the preprinted "Request for Live Scan Service" forms and copies AND a valid California driver license, ID or passport to a local Live Scan site.

See attached list for locations near you. You should call the site in advance to verify hours of operation, fees and acceptable forms of payment.

**Step 5:** The Police will process your "Request for Live Scan Service", fees and scan your fingerprints.

You should receive your Rap Sheet in 1 to 2 weeks.

### INSTRUCTIONS IF NOT ELIGIBLE FOR A FEE WAIVER OR CAN PAY BOTH FEES

**Step 1:** Fill out the "Request for Live Scan Service" and make 2 copies. The original is for the Department of Justice (DOJ) and copies are for you and the Live Scan agency. The DOJ charges $25.00 for a copy of your Rap Sheet. You must also pay approximately $20.00 for a Live Scan fingerprint fee.

**Step 2:** Present your "Request for Live Scan Service" and copies AND a valid California driver license, ID or passport to a local Live Scan site.

See attached list for locations near you. You should call the site in advance to verify hours of operation, fees and acceptable forms of payment.

**Step 3:** The Police will process your "Request for Live Scan Service", fees and scan your fingerprints.

You should receive your Rap Sheet in 1 to 2 weeks.
REQUEST FOR LIVE SCAN SERVICE

ORI: CA0349435 Type of Application: (check one) [ ] Record Review [ ] Visa/Immigration

(Job Title)
Reason for Application: ________________________________________________________________

Agency Address Set Contributing Agency:

California Department of Justice
Record Review Unit
P.O. Box 903417
Sacramento, CA 94203-4170

Mail Code: 07041
Contact Name: Record Review Unit
Contact Telephone No. (916) 227-3849

Name of Applicant: _____________________________________________________________
(Please print) Last First MI

AKA: ______________________________________________________________________
Last First

Date of Birth: _____ / _____ / _____ SEX: [ ] Male [ ] Female Billing No. N/A

Height: __________ Weight: __________ Applicant’s Address:

EYE Color: _______ HAIR Color: __________

Place of Birth: ____________________________
(State or Foreign Country)

Social Security Number: ____________________

California Driver’s License No. __________________

Daytime Telephone Number __________________

Level of Service [ ] DOJ Only If Resubmission, list Original ATI No. __________________

Live Scan Transaction Completed by: ______________________ Date: ______________
Name of Operator

Transmitting Agency: ______________________ Terminal ID: ________ Amount Collected: _________

ATI Number: __________________________________

BCII 8016 RR (Revised 3/06) ORIGINAL - Live Scan Operator; SECOND COPY - Applicant
# Live Scan Locations

The following information may change, so please contact the Live Scan providers in advance to verify operating hours and fees.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Location</th>
<th>Time Scans Performed</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burbank</td>
<td>City of Burbank Management Services Department</td>
<td>275 E. Olive Ave, Burbank, CA 91502</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>M-F (8am-12pm and 1pm-4pm) Appointment Only!</td>
<td>$22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(818) 238-5340</td>
<td></td>
</tr>
<tr>
<td>Canoga Park</td>
<td>Business Central Walk-In Service</td>
<td>6911 Topanga Canyon Blvd., Suite 201, Canoga Park, CA 91303</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>M-F (9am-5pm) No appointment necessary, but call before coming. Sat and Sun – Appointment only!</td>
<td>$24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(818) 887-5252</td>
<td></td>
</tr>
<tr>
<td>Claremont</td>
<td>Claremont Police Dept.</td>
<td>570 West Bonita Ave, Claremont, CA 91711</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mon and Tues (8am-3pm) Thur. and Fri (9:30am-3pm) Appointment Only!</td>
<td>$10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(909) 399-5411</td>
<td></td>
</tr>
<tr>
<td>Covina</td>
<td>Identix ID Services</td>
<td>948 N. Citrus Ave, Covina, CA 91711</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Call (800) 315-4507 for information</td>
<td>Call 800 number</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(800) 315-4507</td>
<td></td>
</tr>
<tr>
<td>Encino</td>
<td>AAP ID Centers</td>
<td>16161 Ventura Blvd., Suite 222, Encino, CA 91436</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>M-F (9:30am-12pm) Sat (9:30am-12pm) Appointment and Walk-in</td>
<td>$20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(818) 995-3011</td>
<td></td>
</tr>
<tr>
<td>Glendale</td>
<td>City of Glendale</td>
<td>613 E. Broadway, Personnel Rm. 100, Glendale, CA 92106</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mon-Thu. (9am-4pm) Appointment only!</td>
<td>$20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(818) 548-2110</td>
<td></td>
</tr>
<tr>
<td>Glendora</td>
<td>Citrus Community College</td>
<td>1000 W. Foothill Blvd, Glendora, CA 91741</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mon-Thu. (9am-6pm) Fri and Sat (9am-4pm) Appointment and Walk-in</td>
<td>$20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(626) 583-8830</td>
<td></td>
</tr>
<tr>
<td>Montebello</td>
<td>City of Montebello Mailstop</td>
<td>1001 Whittier Blvd., Suite B, Montebello, CA 90640</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>M-F (9:30 am-7pm) Sat (10am-4pm) Walk-in</td>
<td>$18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(323) 722-5464</td>
<td></td>
</tr>
<tr>
<td>Monterey Park</td>
<td>Monterey Park Police Dept.</td>
<td>320 W. Newmark Ave, Monterey Park, CA 91754</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tues -Sat (1pm-4:30pm)</td>
<td>$22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(626) 307-1224 or (626) 307-1211</td>
<td></td>
</tr>
<tr>
<td>Northridge</td>
<td>CSU Northridge Dept. of Public Safety</td>
<td>9757 Zelzah Ave, Bldg. 14, 1st Floor, Room 101, Lot G-7, Northridge, CA 91330</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mon -Thur (8:15am-7pm) Fri and Sun (8:15am-4:30pm) Walk in only!</td>
<td>$19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(818) 677-2113</td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td>Location</td>
<td>Time Scans Performed</td>
<td>Cost</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------------------------------------</td>
<td>-----------------------------------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Palmdale</td>
<td>Palmdale School District 39139 10th Street East Palmdale, CA 93550</td>
<td>M-F (8:15am-11:30am) and (1:15pm-3:30PM) Appointment only!</td>
<td>$15 student $30 non-student</td>
</tr>
<tr>
<td>Panorama City</td>
<td>American Mail and Parcel 14417 Chase Street Panorama City, CA 91402</td>
<td>M-F (9am-6pm) and Sat (9:30am-3pm) No appointment necessary!</td>
<td>$20</td>
</tr>
<tr>
<td>Pasadena</td>
<td>Pasadena City College Police 1570 E. Colorado Blvd. Campus Center Bldg. Room CC108 Pasadena, CA 91106</td>
<td>M-S (10am-9pm) No appointment necessary!</td>
<td>$15</td>
</tr>
<tr>
<td>Pomona</td>
<td>Cal-Poly Pomona University Police Dept 3801 W. Temple Ave. Bldg. 91 Pomona, CA 91768</td>
<td>Appointment Only!</td>
<td>$15</td>
</tr>
<tr>
<td>San Fernando</td>
<td>San Fernando Police Department 910 First Street San Fernando, CA 91340</td>
<td>M-F (9am-5pm)</td>
<td>$20</td>
</tr>
<tr>
<td>Santa Clarita</td>
<td>Access Fingerprinting 26455 Rockwell Canyon Road Valencia, CA 91355</td>
<td>M-F (9am-6pm) Walk-in only!</td>
<td>$20</td>
</tr>
<tr>
<td>Valencia</td>
<td>Identix ID Services 27201 Tourney Road Suite 200H Valencia, CA 91355</td>
<td>Call (800) 315-4507 for information</td>
<td>Call 800 number</td>
</tr>
<tr>
<td>Van Nuys</td>
<td>Identix ID Services 7715 Burnett Ave. Suite A Van Nuys, CA 91405</td>
<td>Call (800) 315-4507 for information</td>
<td>Call 800 number</td>
</tr>
<tr>
<td>Whittier</td>
<td>Whittier Police Dept. 7315 Painter Ave. Whittier, CA 90602</td>
<td>Mon, Wed, Fri (12pm-7:45pm) Appointment Only!</td>
<td>$15</td>
</tr>
<tr>
<td>Woodland Hills</td>
<td>Identix ID Services 21731 Ventura Blvd., Suite 250 Woodland Hills, CA 91364</td>
<td>Call (800) 315-4507 for information</td>
<td>Call 800 number</td>
</tr>
</tbody>
</table>
APPLICATION AND DECLARATION FOR WAIVER OF FEE
FOR OBTAINING CRIMINAL HISTORY RECORD

I, the undersigned, declare that I am unable to pay the fee
to obtain a copy of my criminal history record without
impairing my obligation to meet the common necessities of
life.

I declare under the penalty of perjury that the forgoing
is true and correct and was signed at ___________________,
California, on ____________________, 20_______________.

Attached is verification of proof of indigence as required by
Penal Code Section 11123.

__________________________
DECLARANT

BCII 8690 (Rev. 01/07)
Correcting Mistakes on Your Record

If you know or suspect that someone else has committed and been convicted of crimes in your name, you may have your criminal history record corrected.

Step 1: Order your California Criminal History record.

You must first order your criminal history record from the California Department of Justice, even if you already know your case information. The Department will also send you the “Claim of Alleged Inaccuracy or Incompleteness” form. See page 3 of this guide for instructions on ordering your record.

Step 2: Review your California Criminal History record

Step 3: Complete “Claim of Alleged Inaccuracy or Incompleteness”

Step 4: Send “Claim of Alleged Inaccuracy or Incompleteness” and any supporting documentation to the California Department of Justice (address is indicated on form).

Note: This will only correct your California record. Your offenses may also be on your FBI record. Check with the FBI to determine how to clear mistakes on their records. Federal Bureau of Investigation, Identification Division, Washington, D.C. 20537
CLAIM OF ALLEGED INACCURACY OR INCOMPLETENESS

I have examined a copy of my California State Summary Criminal History Record as contained in the files of the Department of Justice, Bureau of Criminal Identification and Information, and wish to take exception to its accuracy and/or completeness.

NAME: ___________________________ ________________
                      LAST NAME           FIRST NAME          MIDDLE NAME

CII NUMBER: ___________ DATE ___________
Complete a statement for each error or inaccuracy claimed. Use additional paper if necessary. Attach copies of any proof or corroboration available.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SIGNATURE

Return this form to the attention of the Record Review Unit at the California Department of Justice, Bureau of Criminal Identification and Information, P.O. Box 903417, Sacramento, CA 94203-4170.

BCII 8706 (Rev. 4/99)

SAMPLE
STEP 3

Fill out and file your expungement petition(s).

- Fill out the petition (see instructions on next page)
- Pay the fee or file fee waiver forms with your expungement petition. The fee waiver forms are on pages 16 – 28
  - You will need to check with the court where you will be filing your petition to find out whether you need the “Application for Waiver of Court Fees and Costs” or the “Defendant’s Statement of Assets”.
- If required by the court, serve the district attorney or city attorney (see page 29 for directions on how to do this)
- The court will decide on your petition within one to three months
  - If denied, you have 60 days to file a request for reconsideration
  - You also have the option to simply re-file your petition at a later date
- The court will order your record to be updated; if it is not updated, then follow the instructions on “Correcting Mistakes on Your Record” on page 8

- What if you violated probation or your conviction is a felony?
  - You should file a declaration in addition to your expungement petition. (See page 15 of this Guide to find out what information you should include in your declaration)
PETITION AND ORDER FOR EXPUNGEMENT
(Pen. Code, §§ 17, 1203.4, 1203.4a)

1. On (date):
   1. section(s) (specify):

   The offense was a ☐ misdemeanor ☐ felony.

   Felony offense (Pen. Code, § 17):
   ☐ The offense listed above is a felony that may be read

   If you were convicted of a misdemeanor, check here

   If you got probation, check here

   If you were discharged from probation, check here

2. Offense with probation granted (Pen. Code, § 1203.4):
   Probation was granted on the terms and conditions set for
   serving a sentence for any offense, nor on probation for
   the defendant has
   a. ☐ notified the conditions of probation for the entire period thereof.
   b. ☐ been discharged from probation prior to the termination of the

   If you completed probation, check here

   If you did not get probation, check here

3. Offense with sentence other than probation (Pen. Code, § 1203.7a):
   Probation was not granted; more than one year has elapsed since
   the defendant has complied with the sentence of the court and is not serving a sentence for any offense nor under charge of
   commission of any crime, and since said pronouncement of judgment has lived an honest and upright life, and conformed
   to and obeyed the laws of the land.

   If you did not get probation, check here
PEOPLE OF THE STATE OF CALIFORNIA v.

DEFENDANT: [Write your name here]

CASE NO. [Case No. of Conviction you want dismissed]

Petitioner requests that defendant be permitted to withdraw the plea of guilty, or that the verdict or finding of guilt be set aside and a plea of not guilty be entered and the court dismiss this action under section 1203.4 or 1203.4a of Penal Code.

☐ [Petition] If you were convicted of a felony and served "jail time" check here

If you got probation, check this box.

If you didn’t get probation, check this box.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: [DATE] at [CITY], California.

[ADDRESS, DEFENDANT]

[DATE] [CITY] [STATE] [ZIP CODE]

[ADDRESS, DEFENDANT]

[DATE] [CITY] [STATE] [ZIP CODE]

☐ The court denies the above petition.

☐ The court grants the above petition. The court finds from the records on file in this case, and from the foregoing petition, that the defendant is eligible for the relief requested.

☐ The court reduces the felony offense to a misdemeanor.

☐ It is ordered that the plea, verdict, or finding of guilt in the above entitled action be set aside and vacated and a plea of not guilty be entered; and that the complaint be, and is hereby, dismissed. If this order is granted under the provisions of Penal Code section 1203.4, the defendant is required to disclose the above conviction in response to any direct question contained in any questionnaire or application for public office or for licensure by any state or local agency, or for contracting with the California State Lottery.

☐ If the order is granted under the provisions of either Penal Code section 1203.4 or 1203.4a, the defendant is released from all penalties and disabilities resulting from the offense except as provided in Penal Code sections 12021 and 12021.1 and Vehicle Code section 13555. The dismissal does not permit a person to own, possess, or have in his or her control a firearm if prevented by Penal Code sections 12021 or 12021.1.

Data: ________________________________ [JUDICIAL OFFICER]

PETITION AND ORDER FOR EXPUNGEMENT
(Pen. Code, §§ 17, 1203.4, 1203.4a)
PETITION AND ORDER FOR EXPUNGEMENT  
(Pen. Code, §§ 17, 1203.4, 1203.4a)

DEFENDANT'S INFORMATION

Ct:
DRIVER'S LIC #:
SSN # (LAST FOUR DIGITS ONLY):
DATE OF BIRTH:

PETITION

1. On (date):
   the defendant in the above-entitled criminal action was convicted of a violation
   of section(s) (specify):

2. The offense was a ☐ misdemeanor ☐ felony.
   Felony offense (Pen. Code, § 17):
   ☐ The offense listed above is a felony that may be reduced to a misdemeanor under Penal Code section 17.

3. ☐ Offense with probation granted (Pen. Code, § 1203.4):
   Probation was granted on the terms and conditions set forth in the docket of the above entitled court; the defendant is not
   serving a sentence for any offense, nor on probation for any offense, nor under charge of commission of any crime, and
   the defendant has
   a. ☐ fulfilled the conditions of probation for the entire period thereof.
   b. ☐ been discharged from probation prior to the termination of the period thereof.

4. ☐ Offense with sentence other than probation (Pen. Code, § 1203.4a):
   ☐ Probation was not granted; more than one year has elapsed since the date of pronouncement of judgment. The
   defendant has complied with the sentence of the court and is not serving a sentence for any offense nor under charge of
   commission of any crime, and since said pronouncement of judgment has lived an honest and upright life, and conformed to
   and obeyed the laws of the land.
Petitioner requests that defendant be permitted to withdraw the plea of guilty, or that the verdict or finding of guilt be set aside and a plea of not guilty be entered and the court dismiss this action under section □ 1203.4 or □ 1203.4a of the Penal Code.

□ Petitioner requests that the felony charge be reduced to a misdemeanor under Penal Code section 17.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: __________________________ at __________________________ California.

(ADDRESS, DEFENDANT) __________________________

(CITY) __________________________

(STATE) __________________________

(ZIP CODE) __________________________

ORDER

□ The court denies the above petition.

□ The court grants the above petition. The court finds from the records on file in this case, and from the foregoing petition, that the defendant is eligible for the relief requested.

□ The court reduces the felony offense to a misdemeanor.

□ It is ordered that the plea, verdict, or finding of guilt in the above entitled action be set aside and vacated and a plea of not guilty be entered; and that the complaint be, and is hereby, dismissed. If this order is granted under the provisions of Penal Code section 1203.4, the defendant is required to disclose the above conviction in response to any direct question contained in any questionnaire or application for public office or for licensure by any state or local agency, or for contracting with the California State Lottery.

□ If the order is granted under the provisions of either Penal Code section 1203.4 or 1203.4a, the defendant is released from all penalties and disabilities resulting from the offense except as provided in Penal Code sections 12021 and 12021.1 and Vehicle Code section 13555. The dismissal does not permit a person to own, possess, or have in his or her control a firearm if prevented by Penal Code sections 12021 or 12021.1.

Date: __________________________

(JUDICIAL OFFICER)
Clearing Your Record in California  
What if I have Violated Probation or I was Convicted of a Felony?

If you violated probation or you were convicted of a felony (and want it reduced to a misdemeanor and expunged), you should prepare and attach a written declaration. The declaration that you will need to attach should include the following:

- I _____________, declare:
- Describe what your life was like when you were convicted (e.g. homeless, addicted, unemployed)
- Describe what you have done to get your life together since then (e.g. rehabilitation program, job training, etc.)
- Describe your life now (e.g. church involvement, community involvement)
- Describe why you need the conviction taken off your record (e.g. it’s preventing you from getting a job)
- Get and attach support letters from your rehabilitation program, job training program, etc.
- I declare under penalty of perjury of the laws of the State of California that the above is true and correct to the best of my knowledge.
- Executed on ___________, at ___________, California
- Print and sign your name

If your expungement request is not granted, you may return to the Workers Rights Clinic and we can assist you in the motion for reconsideration of the expungement and declaration.
If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving financial assistance under one or more of the following programs:
   - SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
   - CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
   - The Food Stamp Program
   - County Relief, General Relief (G.R.), or General Assistance (G.A.)

   If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>VERIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI/SSP</td>
<td>Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or &quot;Passport to Services&quot;</td>
</tr>
<tr>
<td>CalWORKs/TANF (formerly known as AFDC)</td>
<td>Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or &quot;Passport to Services&quot;</td>
</tr>
<tr>
<td>Food Stamp Program</td>
<td>Notice of Action or Food Stamp ID Card or &quot;Passport to Services&quot;</td>
</tr>
<tr>
<td>General Relief/General Assistance</td>
<td>Notice of Action or Copy of Check Stub or County Voucher</td>
</tr>
</tbody>
</table>

2. Your total gross monthly household income is less than the following amounts:

<table>
<thead>
<tr>
<th>NUMBER IN FAMILY</th>
<th>FAMILY INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,020.83</td>
</tr>
<tr>
<td>2</td>
<td>$1,375.00</td>
</tr>
<tr>
<td>3</td>
<td>$1,729.16</td>
</tr>
<tr>
<td>4</td>
<td>$2,083.33</td>
</tr>
<tr>
<td>5</td>
<td>$2,437.50</td>
</tr>
</tbody>
</table>

- OR -

<table>
<thead>
<tr>
<th>NUMBER IN FAMILY</th>
<th>FAMILY INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>$2,791.66</td>
</tr>
<tr>
<td>7</td>
<td>$3,145.83</td>
</tr>
<tr>
<td>8</td>
<td>$3,500.00</td>
</tr>
<tr>
<td>Each additional</td>
<td>$354.16</td>
</tr>
</tbody>
</table>

3. Your income is not enough to pay for the common necessaries of life for yourself and the people you support and also pay court fees and costs.

To apply, fill out the Application for Waiver of Court Fees and Costs (form FW-001) available from the clerk’s office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services offices, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.
APPLICATION FOR WAIVER OF COURT FEES AND COSTS

If you are eligible to waive the $60 filing fee, fill out and file pages 17-20 with your petition. (Attach proof of your income).

Caution: If the court you are filing in is downtown Los Angeles, Antelope Valley, Santa Clarita, Glendale, Burbank or Hollywood, you must use the Statement of Assets form on pages 25 – 28.

Check this box

1. a. ( ) I am not able to pay any of the court fees and costs.
   b. ( ) I am able to pay only the following court fees and costs (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):
   Same as Above

3. a. My occupation, employer, and employer’s address are (specify):
   b. My spouse’s occupation, employer, and employer’s address are (specify):

4. ( ) I am receiving financial assistance from any of the following programs:
   a. (SSI and SSDP): Supplemental Security Income and Supplementary Security Disability Programs
   b. (CalWORKS): California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
   c. (Food Stamps): The Food Stamp Program
   d. (County Relief, General Relief (G.R.), or General Assistance (G.A.))

5. If you checked box 4, you must check and complete one of the boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.
   a. (Optional) My Medi-Cal number is (specify):
   b. (Optional) My Social Security number is (specify): Federal law requires me to give you the Social Security number. However, if you don’t give your Social Security number, you may be held liable if you file an action against me later. If you don’t give your Social Security number, you must file the information on the back of this form.
   c. ( ) I am attaching documents to verify the benefits checked in item 4.

If you work, check this box to qualify to file your forms for free. You must complete question 9 on the back.

[See Form 928(a)(7) for a list of acceptable documents.]

6. ( ) My total gross income and costs are (specify):
   a. (Office, for a list of acceptable documents.)

If your income is more than the amount listed on the information sheet, mark “7” and fill out all of the next page.

[Office, for a list of acceptable documents.]

7. ( ) My income is (specify), and I am also supporting the following people: (specify).

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attached documents is true and correct to the best of my knowledge and belief.

Date: 

Print the date

Print your name

Sign your name

[Signature]

FINANCIAL INFORMATION ON REVERSE
Financial Information

8. My pay changes considerably from month to month. Please check this box, each of the amounts should be your average for the week.

9. My Monthly Income
   a. My gross monthly pay is: ____________________________
   b. My payroll deductions are (specify purpose and amount):
      (1) ____________________________ $____________________
      (2) ____________________________ $____________________
      (3) ____________________________ $____________________
      (4) ____________________________ $____________________
      My TOTAL payroll deduction amount is: $____________________
   c. My monthly take-home pay is (a. minus b.): $____________________
   d. Other money I get each month is (specify source and amount): include spousal support, support from outside the home, retirement or pensions, social security, unemployment, military basic allowance (MIL), veterans payments, dividends, investment income, annuities, alimony, rental income, gambling or lottery winnings:
      (1) ____________________________ $____________________
      (2) ____________________________ $____________________
      (3) ____________________________ $____________________
      (4) ____________________________ $____________________
      The TOTAL amount of other money is: $____________________
      (If more space is needed, attach page labeled Attachment 9d.)
   e. My TOTAL MONTHLY INCOME IS (c. plus d.): $____________________
   f. Number of persons living in my home:
      Below list all the persons living in your home, including your spouse, who depend on you for support, or on whom you depend in whole or in part for support:
      Name ____________________________ Age ______ Relationship ____________ Gross Monthly Income $____________________
      (1) ____________________________ (2) ____________________________ (3) ____________________________ (4) ____________________________
      The TOTAL amount of other money is: $____________________
      (If more space is needed, attach page labeled Attachment 9f.)
   g. My TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS (a. plus d. plus f.): $____________________

9. If you get any other money like unemployment benefits or money from family, write that amount here. If you do not get any other money, just write "0."

9f. Print name, age and relationship of everyone who lives with you and who depends on the family income, write their income. If no income, put $0.

9g. Add up all of your income and put the total on line 9g.

10. I own or have an interest in:
   a. Cash ____________________________
   b. Checking, savings accounts:
      (1) ____________________________ (2) ____________________________ (3) ____________________________ (4) ____________________________
   c. Real or personal property:
      (1) ____________________________ (2) ____________________________ (3) ____________________________ (4) ____________________________
   d. Employment & maintenance:
      (1) ____________________________ (2) ____________________________ (3) ____________________________ (4) ____________________________

11. Other facts which support this application are (describe unusual circumstances, expenses, etc.):
    ____________________________________________________________

12. Important: If you are over income for a fee waiver, explain why you cannot afford to pay court fees, especially if you have more than one expungement.
Do Not Fill Out The Rest of This Form

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date: ________________________________  ☐ Clerk, by ________________________________, Deputy
People of the State of California
Print your name

APPLICATION IS DATED IN WHOLE OR IN PART (specify reason):

45

APPLICATION IS DATED IN WHOLE OR IN PART (specify reason):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at (place):

California,

on (date):

CLERK, by ______________________________, Deputy

[Leave Blank]

[Leave Blank]

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: ______________________________

CLERK, by ______________________________, Deputy

ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS (In Forma Pauperis)
APPLICATION FOR
WAIVER OF COURT FEES AND COSTS

I request a court order so that I do not have to pay court fees and costs.

1. a. ☐ I am not able to pay any of the court fees and costs.
   b. ☐ I am able to pay only the following court fees and costs (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):

3. a. My occupation, employer, and employer's address are (specify):
   b. My spouse's occupation, employer, and employer's address are (specify):

4. ☐ I am receiving financial assistance under one or more of the following programs:
   a. ☐ SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs
   b. ☐ CalWORKS: California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
   c. ☐ Food Stamps: The Food Stamp Program
   d. ☐ County Relief, General Relief (G.R.), or General Assistance (G.A.)

5. If you checked box 4, you must check and complete one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.
   a. ☐ (Optional) My Medi-Cal number is (specify):
   b. ☐ (Optional) My social security number is (specify):
      and my date of birth is (specify):
      [Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]
   c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
      [See Form FW-001-INFOR Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

(If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.)

6. ☐ My total gross monthly household income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs available from the clerk's office.
(If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f and 9g on the back of this form, and sign at the bottom of this side.)

7. ☐ My income is not enough to pay for the common necessaries of life for me and the people in my family whom I support and also pay court fees and costs. [If you check this box, you must complete the back of this form.]

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: ____________________________

(TYPE OR PRINT NAME) ____________________________ (Financial information on reverse) ____________________________ (SIGNATURE) ____________________________
8. ☐ My pay changes considerably from month to month. [If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]

9. MY MONTHLY INCOME
   a. My gross monthly pay is: $ __________
   b. My payroll deductions are (specify purpose and amount):
      (1) __________________ $ __________
      (2) __________________ $ __________
      (3) __________________ $ __________
      (4) __________________ $ __________
      My TOTAL payroll deduction amount is: $ __________
   c. My monthly take-home pay is
      (a. minus b.): __________________ $ __________
   d. Other money I get each month is (specify source and amount): include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):
      (1) __________________ $ __________
      (2) __________________ $ __________
      (3) __________________ $ __________
      (4) __________________ $ __________
      The TOTAL amount of other money is: $ __________
      (If more space is needed, attach page labeled Attachment 9d.)
   e. MY TOTAL MONTHLY INCOME IS
      (c. plus d.): __________________ $ __________
   f. Number of persons living in my home: __________

10. I own or have an interest in the following property:
    a. Cash __________________ $ __________
    b. Checking, savings and credit union accounts (list banks)
       (1) __________________ $ __________
       (2) __________________ $ __________
       (3) __________________ $ __________
       (4) __________________ $ __________

11. My monthly expenses not already listed in item 9b above are the following:
    a. Rent or house payment & maintenance $ __________
    b. Food and household supplies $ __________
    c. Utilities and telephone $ __________
    d. Clothing $ __________
    e. Laundry and cleaning $ __________
    f. Medical and dental payments $ __________
    g. Insurance (life, health, accident, etc.) $ __________
    h. School, child care $ __________
    i. Child, spousal support (prior marriage) $ __________
    j. Transportation and auto expenses (insurance, gas, repair) $ __________
    k. Installment payments (specify purpose and amount)
       (1) __________________ $ __________
       (2) __________________ $ __________
       (3) __________________ $ __________
       The TOTAL amount of monthly installment payments is: $ __________
    l. Amounts deducted due to wage assignments and earnings withholding orders: $ __________
    m. Other expenses (specify):  
       (1) __________________ $ __________
       (2) __________________ $ __________
       (3) __________________ $ __________
       (4) __________________ $ __________
       (5) __________________ $ __________
       The TOTAL amount of other monthly expenses is: $ __________

12. Other facts which support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS

1. The application was filed on (date): □ A previous order was issued on (date):

2. The application was filed by (name):

3. □ IT IS ORDERED that the application is granted □ in whole □ in part (complete item 4 below).
   a. □ No payments. Payment of all the fees and costs listed in California Rules of Court, rule 3.61, is waived.
   b. □ The applicant shall pay all the fees and costs listed in California Rules of Court, rule 3.61, EXCEPT the following:
      (1) □ Filing papers. □ Sheriff and marshal fees.
      (2) □ Certification and copying. □ Reporter's fees* (valid for 60 days).
      (3) □ Issuing process and certification. □ Telephone appearance (Gov. Code, § 68070.1(c))
      (4) □ Transmittal of papers. □ Other (specify code section):
      (5) □ Court-appointed interpreter.

*Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.

c. Method of payment. The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
   (1) □ Pay (specify) percent. (2) □ Pay: $ per month or more until the balance is paid.

4. □ IT IS ORDERED that the application is denied □ in whole □ in part for the following reasons (see Cal. Rules of
   Court, rules 3.50-3.63):
   a. □ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form 982(a)(17)(A)).
   b. □ Other (Complete line 4b on page 2).

d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear and be 
examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. □ The applicant is ordered to appear in this court as follows for review of his or her financial status:
   Date: Time: Dept.: Div.: Room:

5. □ IT IS ORDERED that a hearing be held.
   a. The substantial evidentiary conflict to be resolved by the hearing is (specify):
   b. The applicant should appear in this court at the following hearing to help resolve the conflict:
   Date: Time: Dept.: Div.: Room:

c. The address of the court is (specify):
   □ Same as above

d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change
the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this
action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date: □ Clerk, by ___________, Deputy

JUDICIAL OFFICER

(Clerk may GRANT in toll a nonsurety fee waiver; see Cal. Rules of Court, rule 3.56.)
4b ☐ Application is denied in whole or in part (specify reasons):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at (place): California, on (date):

Clerk, by __________________________, Deputy

[SEAL]

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: __________________________

Clerk, by __________________________, Deputy
Los Angeles County Superior Court
Print the Court's Information

PEOPLE OF THE STATE OF CALIFORNIA

DEFENDANT: Print your name

DEFENDANT'S STATEMENT OF ASSETS

CASE NUMBER
Print case #

It is a misdemeanor to make any willful misstatement of material fact in completing this form (Pen. Code, § 1202.4(f)(d).)

(Attach additional sheets if the space provided below for any item is not sufficient.)

PERSONAL INFORMATION
1. a. Name: ___________________________
   b. AKA: ___________________________
   c. Date of birth: _______________________
   d. Social security number: ______________
   e. Marital status: _______________________
   f. Driver license number: ______________
   g. State of issuance: ___________________
   h. Home address: _______________________
   i. Home telephone no.: ________________
   j. Employer's telephone no.: ___________

EMPLOYMENT
2. What are your sources of income and occupation? (Provide job title and name of division or office in which you work.)

3. a. Name and address of your business or employer (include address of your payroll or human resources department, if different):
   b. If not employed, names and addresses of all sources of income (specify):

4. How often are you paid (for example, daily, weekly, biweekly, monthly)? (specify):
5. What is your gross pay each pay period? $ ______________
6. What is your take-home pay each pay period? $ ______________
7. If your spouse earns any income, give the name of your spouse, the name and address of the business or employer, job title, and division or office (specify):

8. Other sources of income (specify):

CASH, BANK DEPOSITS
9. How much money do you have in cash? $ ______________
10. How much other money do you have in banks, savings and loans, credit unions, and other financial institutions either in your own name or jointly (list):

<table>
<thead>
<tr>
<th>Name and address of financial institution</th>
<th>Account number</th>
<th>Individually or joint?</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

PROPERTY
11. List all automobiles, other vehicles, and boats owned in your name or jointly:

<table>
<thead>
<tr>
<th>Make and year</th>
<th>Value</th>
<th>Legal owner if different from registered owner</th>
<th>Amount owed</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>b.</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>c.</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

(Continued on reverse)
12. List all real estate owned in your name or jointly:

   Address of real estate  | Fair market value | Amount owed |
   ------------------------|------------------|-------------|
   a.                      | $                | $           |
   b.                      | $                | $           |

OTHER PERSONAL PROPERTY (Do not list household furniture and furnishings, appliances, or clothing.)

13. List anything of value not listed above owned in your name or jointly (continue on attached sheet if necessary):

   Description | Value | Address where property is located |
   ------------|-------|----------------------------------|
   a.          | $     |                                  |
   b.          | $     |                                  |
   c. (Means money or other valuables)

14. List all other assets, including stocks, bonds, mutual funds, and other securities (specify):

15. Is anyone holding assets for you?  □ Yes.  □ No.  If yes, describe the assets and give the name and address of the person or entity holding each asset (specify):

16. Except for attorney fees in this matter and ordinary and routine household expenses, have you disposed of or transferred any assets since your arrest on this matter?  □ Yes.  □ No.

   If yes, give the name and address of each person or entity who received any asset and describe each asset (specify):

DEBTS

17. Loans (give details):

18. Taxes (give details):
 (means spousal or child support that you owe and is past due)

19. Support arrearages (attach copies of orders and statements):

20. Credit cards (give creditor's name and address and the account number):

21. Other debts (specify):

   Date: Print your name here

   Sign your name here

   ___________________________  ___________________________
   (SIGNATURE)  (SIGNATURE)

   I, (name): a certified interpreter, having been duly sworn, truly translated this form to the defendant language. The defendant indicated that he/she understood the contents of

   Date:  ___________________________
   ___________________________
   (TYPE OR PRINT NAME)  (SIGNATURE)

   ___________________________
   ___________________________
   (TYPE OR PRINT NAME)  (SIGNATURE)

   DEFFENDANT'S STATEMENT OF ASSETS

   Page 26
It is a misdemeanor to make any willful misstatement of material fact in completing this form (Pen. Code, § 1202.4(f)(4).)

(Attach additional sheets if the space provided below for any item is not sufficient.)

PERSONAL INFORMATION
1. a. Name:
   b. AKA:
   c. Date of birth:
   d. Social security number:
   e. Marital status:
   f. Driver license number:
      State of issuance:
   g. Home address:
   h. Home telephone no.:
   i. Employer's telephone no.:

EMPLOYMENT
2. What are your sources of income and occupation? (Provide job title and name of division or office in which you work.)

3. a. Name and address of your business or employer (include address of your payroll or human resources department, if different):
   b. If not employed, names and addresses of all sources of income (specify):

4. How often are you paid (for example, daily, weekly, biweekly, monthly)? (specify):

5. What is your gross pay each pay period? $

6. What is your take-home pay each pay period? $

7. If your spouse earns any income, give the name of your spouse, the name and address of the business or employer, job title, and division or office (specify):

8. Other sources of income (specify):

CASH, BANK DEPOSITS
9. How much money do you have in cash? $

10. How much other money do you have in banks, savings and loans, credit unions, and other financial institutions either in your own name or jointly (list):

<table>
<thead>
<tr>
<th>Name and address of financial institution</th>
<th>Account number</th>
<th>Individual or joint?</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
<td></td>
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</table>

PROPERTY
11. List all automobiles, other vehicles, and boats owned in your name or jointly:

<table>
<thead>
<tr>
<th>Make and year</th>
<th>Value</th>
<th>Legal owner if different from registered owner</th>
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<tbody>
<tr>
<td>a.</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Continued on reverse)
12. List all real estate owned in your name or jointly:

<table>
<thead>
<tr>
<th>Address of real estate</th>
<th>Fair market value</th>
<th>Amount owed</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

OTHER PERSONAL PROPERTY *(Do not list household furniture and furnishings, appliances, or clothing.)*

13. List anything of value not listed above owned in your name or jointly *(continue on attached sheet if necessary)*:

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
<th>Address where property is located</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

ASSETS

14. List all other assets, including stocks, bonds, mutual funds, and other securities *(specify)*:

15. Is anyone holding assets for you? □ Yes. □ No. If yes, describe the assets and give the name and address of the person or entity holding each asset *(specify)*:

16. Except for attorney fees in this matter and ordinary and routine household expenses, have you disposed of or transferred any assets since your arrest on this matter? □ Yes. □ No. If yes, give the name and address of each person or entity who received any asset and describe each asset *(specify)*:

DEBTS

17. Loans *(give details)*:

18. Taxes *(give details)*:

19. Support arrearages *(attach copies of orders and statements)*:

20. Credit cards *(give creditor’s name and address and the account number)*:

21. Other debts *(specify)*:

Date:

_____________________________ [SIGNATURE]

_____________________________ [TYPE OR PRINT NAME]

I, *(name)*, a certified interpreter, having been duly sworn, truly translated this form to the defendant language. The defendant indicated that he/she understood the contents of the form and he/she completed the form.

Date:

_____________________________ [SIGNATURE]

_____________________________ [TYPE OR PRINT NAME]
STEP 4

Serve the Prosecuting Attorney

One copy of your expungement petition is for the City or District Attorney. One copy is for your files.

1. The law requires that the prosecuting attorney get notice (also known as "service") of the filing of the petition at least 15 days before the judge hears your petition for an expungement. Service can be done in person, by mail or by delivering a copy of the petition to the office of prosecuting attorney. The D.A. has an office at every criminal courthouse.

2. “Serving” the petition merely means that someone, other than you, hand-delivers or mails a copy of the petition to the City/District Attorney’s office.

3. Usually, the City Attorney is notified for misdemeanor expungements, and the District Attorney for felonies. If you are not sure, ask the clerk at the time you file your expungement petition.

4. You, as the defendant who is filing the expungement petition, cannot be the one to serve the D.A. or City Attorney. You must have an adult who is 18 years of age or older serve the prosecuting attorney.

5. Once the D.A. or City Attorney has been served, a “Proof of Service” form must be filled out. The person who did the service should fill out the Proof of Service form and you should attach a copy of the Proof of Service to your petition and then file them with the court. The form tells the judge that the prosecuting agency has been served as required by law. Without it, the judge cannot hear your petition for an expungement.
PROOF OF SERVICE BY MAIL

I am resident/employed in the County of Los Angeles; am over the age of eighteen years and not a party to the within action. My address is:

________________________________________________________________________

________________________________________________________________________

On ________________________, I served the following document(s):

________________________________________________________________________

on,

Attention: ______________________________________________________________

Address:  ______________________________________________________________

________________________________________________________________________

by placing a copy in a sealed envelope and serving the document(s) to the above address.

I declare under penalty of perjury that the foregoing is correct.

Executed on ________________________, at ________________________, California.

Name: __________________________ Signature: __________________________
(Do not use this Proof of Service to show service of a Summons and Complaint.)

1. At the time of service I was over 18 years of age and not a party to this action.

2. My address is (specify one):
   a. □ Business:
   b. □ Residence:

3. On (date):
   I served the following documents (specify):

   □ The documents are listed in the Attachment to Proof of Service-Civil (Documents Served) (form POS-040(D)).

4. I served the documents on the persons below, as follows:
   a. Name of person served:
   b. Address of person served:
   c. Fax number or e-mail address of person served, if service was by fax or e-mail:
   d. Time of service, if personal service was used:
      □ The names, addresses, and other applicable information about the persons served is on the Attachment to Proof of Service-Civil (Persons Served) (form POS-040(P)).

5. The documents were served by the following means (specify):
   a. □ By personal service. I personally delivered the documents to the persons at the addresses listed in item 4.
      (1) For a party represented by an attorney, delivery was made to the attorney or at the attorney's office by leaving the documents in an envelope or package clearly labeled to identify the attorney being served with a receptionist or an individual in charge of the office. (2) For a party, delivery was made to the party or by leaving the documents at the party's residence with some person not less than 18 years of age between the hours of eight in the morning and six in the evening.

POST-040
5.  b. ☐ By United States mail. I enclosed the documents in a sealed envelope or package addressed to the persons at the addresses in item 4 and (specify one):

   (1) ☐ deposited the sealed envelope with the United States Postal Service, with the postage fully prepaid.

   (2) ☐ placed the envelope for collection and mailing, following our ordinary business practices. I am readily familiar with this business’s practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.

I am a resident or employed in the county where the mailing occurred. The envelope or package was placed in the mail at (city and state):

c. ☐ By overnight delivery. I enclosed the documents in an envelope or package provided by an overnight delivery carrier and addressed to the persons at the addresses in Item 4. I placed the envelope or package for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.

d. ☐ By messenger service. I served the documents by placing them in an envelope or package addressed to the persons at the addresses listed in item 4 and providing them to a professional messenger service for service. (A declaration by the messenger must accompany this Proof of Service or be contained in the Declaration of Messenger below.)

e. ☐ By fax transmission. Based on an agreement of the parties to accept service by fax transmission, I faxed the documents to the persons at the fax numbers listed in item 4. No error was reported by the fax machine that I used. A copy of the record of the fax transmission, which I printed out, is attached.

f. ☐ By e-mail or electronic transmission. Based on a court order or an agreement of the parties to accept service by e-mail or electronic transmission, I caused the documents to be sent to the persons at the e-mail addresses listed in item 4. I did not receive, within a reasonable time after the transmission, any electronic message or other indication that the transmission was unsuccessful.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____________________________ ______________________
(TYPE OR PRINT NAME OF DECLARANT) (SIGNATURE OF DECLARANT)

(if item 5d above is checked, the declaration below must be completed or a separate declaration from a messenger must be attached.)

DECLARATION OF MESSENGER

☐ By personal service. I personally delivered the envelope or package received from the declarant above to the persons at the addresses listed in item 4. (1) For a party represented by an attorney, delivery was made to the attorney or at the attorney’s office by leaving the documents in an envelope or package, which was clearly labeled to identify the attorney being served, with a receptionist or an individual in charge of the office. (2) For a party, delivery was made to the party or by leaving the documents at the party’s residence with some person not less than 18 years of age between the hours of eight in the morning and six in the evening.

At the time of service, I was over 18 years of age. I am not a party to the above-referenced legal proceeding.

I served the envelope or package, as stated above, on (date):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____________________________ ______________________
(NAME OF DECLARANT) (SIGNATURE OF DECLARANT)
WHAT DOES IT MEAN TO "EXPUNGE" MY RECORD?

If you have successfully gotten a 1203.4 dismissal ("expungement"), it does NOT mean that the conviction is wiped away, sealed, purged or destroyed! The arrest is still there, charges are still there, but technically the conviction is "set aside and dismissed".

Okay, so what does that mean?

1. On your official criminal history kept in Sacramento, the case number will have the words "set aside and dismissed" next to it instead of "convicted". That might help you for things like getting state licenses (like nursing licenses, etc). On background checks done by private employers, they might see that the conviction was dismissed also. There is no guarantee, though, that they won't still see the conviction, because your court file is open to public inspection.

2. If potential employer asks you if you have ever been convicted, you can honestly answer no! Legally, the conviction has been set aside and dismissed. If you know they are going to do a background check, though, you might want to say that you had a case dismissed (just in case they don't see the expungement when they look through the public records).

   IMPORTANT! There are a few places you still have to say yes, you have been convicted, even if it's all been expunged. Those places are: 1) the ICE; 2) any state or local licensing agency (like when you're applying for a guard card or nursing license); 3) contracts with the state lottery; and 4) in an application for public office.

3. If you're applying for a job in a different state, it's best to be on the safe side and tell potential employers that you had a case but it was dismissed, just in case they have different rules.

What about the police and government agencies?

1. Expunged convictions can still be used as priors and strikes.
2. Expunged convictions can still affect your driving privileges.
3. Expunged convictions can still restrict your ability to possess a firearm.
4. Expungement does not affect sex offender registration requirements.
5. Expungement may help you get a state license, but it's NO GUARANTEE! You should check with the licensing agency to see if you can get a license with your criminal background, even if the convictions are expunged.
## Organizations in L.A. County that help individuals clean up criminal records

<table>
<thead>
<tr>
<th>NAME</th>
<th>SCOPE OF WORK</th>
<th>SERVICE AREA</th>
<th>HOW TO CONTACT</th>
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</thead>
<tbody>
<tr>
<td>Legal Aid Foundation of L.A.</td>
<td>Expungements, driver's license reinstatement</td>
<td>Greater Los Angeles and Long Beach</td>
<td>Monday through Friday 9:00 am-1:00 pm @ 323/801-7989 x 5250</td>
</tr>
<tr>
<td>Pepperdine Legal Aid Clinic</td>
<td>Expungements</td>
<td>Los Angeles County</td>
<td>Call for appointment: 213/347-6300 x 4413</td>
</tr>
<tr>
<td>Friends Outside</td>
<td>Expungements</td>
<td>Los Angeles County</td>
<td>323/249-9683 x 101</td>
</tr>
<tr>
<td>Public Defender's Office</td>
<td>Certificates of Rehabilitation</td>
<td>Los Angeles County</td>
<td>Call for appointment 213/974-3057</td>
</tr>
<tr>
<td>Eastlake Juvenile Court (sealing clerk)</td>
<td>Sealing of juvenile records only</td>
<td>Los Angeles County</td>
<td>323/226-2854 1601 Eastlake , L.A.</td>
</tr>
<tr>
<td>Neighborhood Legal Services of L.A. County</td>
<td>Expungements</td>
<td>San Fernando Valley and Antelope Valley</td>
<td>Mission College Workers' Rights Clinic Saturdays 9am-12pm; 800/433-6251</td>
</tr>
<tr>
<td>Neighborhood Legal Services of L.A. County</td>
<td>Expungements</td>
<td>San Gabriel Valley and Pomona</td>
<td>El Monte Workers' Rights Clinic, Wednesdays 5-8 pm; Call 800/433-6251</td>
</tr>
</tbody>
</table>
Organizaciones en el Condado de L.A. que ayudan a individuos a limpiar expedientes criminales

<table>
<thead>
<tr>
<th>NOMBRE</th>
<th>TIPO DE TRABAJO</th>
<th>ÁREA DE SERVICIO</th>
<th>CÓMO CONTACTAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundación de Ayuda Legal de L.A.</td>
<td>Erradicaciones de expedientes, reinstalaciones de licencias de conducir</td>
<td>Ciudades de Los Ángeles y Long Beach</td>
<td>Lunes a Viernes 9:00 am – 1:00 pm @ 323/801-7989 x 5250</td>
</tr>
<tr>
<td>Friends Outside (Amigos Afuera)</td>
<td>Erradicaciones de expedientes</td>
<td>El Condado de Los Angeles</td>
<td>323/974-3057 x 101</td>
</tr>
<tr>
<td>Clínica de Ayuda Legal de Pepperdine</td>
<td>Erradicaciones de expedientes</td>
<td>El Condado de Los Ángeles</td>
<td>Llame para hacer una cita: 213/347-6300 x 4413</td>
</tr>
<tr>
<td>Defensor Publico</td>
<td>Certificados de Rehabilitación</td>
<td>El Condado de Los Ángeles</td>
<td>Llame para hacer una cita: 213/974-3057</td>
</tr>
<tr>
<td>Corte Juvenil de Eastlake (oficinista de clausuras)</td>
<td>Clausura de expedientes juveniles solamente</td>
<td>El Condado de Los Ángeles</td>
<td>323/226-2854 1601 Eastlake, L.A.</td>
</tr>
<tr>
<td>Servicios Legales de la Vecindad del Condado de L.A.</td>
<td>Erradicaciones de expedientes</td>
<td>Valle de San Fernando, Antílope, y San Gabriel</td>
<td>800/433-6251</td>
</tr>
</tbody>
</table>