

## **EXPUNGEMENT OF JUVENILE RECORDS UNDER 705 ILCS 405/5-915(2)**

**Category No. 2:** For any juvenile incidents that do not fall into Category No. 1, you may still have your juvenile record expunged so long as you can answer “YES” to **ALL** of the following questions:

1. Have you had NO convictions for any crime since you turned 18? You were NOT convicted of a Class A Misdemeanor or felony offense as an adult?
2. Has it been at least 2 years since the end of all court proceedings?
3. Has it been at least 2 years since your commitment the Department of Juvenile Justice ended including aftercare?
4. You were NOT adjudicated for 1<sup>st</sup> Degree Murder or an offense under the sex offender statutes?

If you answered “Yes” to ALL of these questions, you can petition to have your record expunged.

*You can now move on to the steps for the Category 2 petition.*

**NOTE:** You will need to complete the petition AND the blank notice form.

# ***STEP BY STEP INSTRUCTIONS FOR JUVENILE EXPUNGEMENT PROCESS – Category 2***

**STEP 1. Get an arrest history report from any agency that arrested you, such as the police department, Sheriff's Department or State Police.**

- ☐ You may have to pay a fee
- ☐ You may have to bring two or more IDs (picture IDs are best)
- ☐ If you are under 18, you must go with your parent or legal guardian. Parent or legal guardian must provide proof
- ☐ Police Departments will likely not release your entire record to you; instead, give the form/template at the back of this packet to the Officer to complete

**STEP 2. Fill out court forms called a "Petition – Category 2" and a "Notice" and file the both with the Circuit Court Clerk in the county you were arrested.**

Forms are included in this packet and also available through the State Appellate Defender at [www.illinois.gov/osad](http://www.illinois.gov/osad).

Illinois Legal Aid has an online resource that will assist in completing the appropriate forms as well: [illinoislegalaid.org](http://illinoislegalaid.org)

**STEP 3. If you are unsure which form you need to use, you can call the State Appellate Defender's toll free number (866.431.4907).**

**You need to file a separate petition for EACH ARREST listed on your arrest history report from EACH AGENCY.**

**STEP 4. Fill out the following portions of the "Notice:"**

**Your name, case number, the address of the arresting agency, the address of the State's Attorney and your own address.**

**LEAVE THE REST OF THE NOTICE BLANK.**

## HOW DO I BEGIN THE EXPUNGEMENT PROCESS FOR CASES THAT DO NOT MEET THE AUTOMATIC EXPUNGEMENT REQUIREMENTS? (Category 2)

The person whose juvenile record(s) are to be expunged, but do not qualify for automatic expungement **MUST** petition the court using the appropriate forms containing his/her current address and **shall promptly** notify the Clerk of the Circuit Court of any change of address.

- An Individual will need to obtain a copy of his/her arrest report or delinquency history report (commonly known as a “**rap sheet**”)
  - **An arrest report for each offense is needed for each petition being filed**
  - **A sheet to take with you to each agency is included in this packet**
  
- Obtain the titles and addresses of all legal entities involved in your case:
  - The law enforcement agency that arrested the individual  
**(See below for listings)**
  
  - The State’s Attorney/prosecutor that prosecuted your case  
**Rock Island County State’s Attorneys’ Office – Juvenile**  
**525 18<sup>th</sup> Street**  
**Rock Island, IL 61201**
  
  - The Illinois State Police  
**Bureau of Identification**  
**260 N Chicago Street**  
**Joliet, IL 60431**
  
  - Juvenile Justice Center – Juvenile Circuit Clerk Office  
**525 18<sup>th</sup> Street**  
**Rock Island, IL 61201**

**Once you have completed your forms**, mail or bring them to the Clerk’s Office for processing and assignment of a court date.

### LOCAL POLICE DEPARTMENTS ADDRESSES:

Moline Police  
1640 6<sup>th</sup> Avenue  
Moline, IL 61265

Rock Island Police  
1212 5<sup>th</sup> Avenue  
Rock Island, IL 61201

East Moline Police  
915 16<sup>th</sup> Avenue  
East Moline, IL 61244

Silvis Police  
600 Illini Drive  
Silvis, IL 61282

Coal Valley Police  
PO Box 121  
Coal Valley, IL 61240

Rock Island Co Sheriff’s Dept.  
1317 3<sup>rd</sup> Avenue  
Rock Island, IL 61201

# ROCK ISLAND COUNTY EXPUNGEMENT INFORMATION REQUEST

## JUVENILE ARREST RECORDS FORM

\*Please bring a photo ID with you when requesting this form be completed.\*

NAME OF JUVENILE: \_\_\_\_\_ DOB: \_\_\_\_\_

Information is requested to assist with the juvenile expungement process in Rock Island County.

Please provide the following:

Agency: \_\_\_\_\_

Agency Report Number: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_

Charge (Title and Statute): \_\_\_\_\_

Disposition: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

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NAME OF JUVENILE: \_\_\_\_\_ DOB: \_\_\_\_\_

Information is requested to assist with the juvenile expungement process in Rock Island County.

Please provide the following:

Agency: \_\_\_\_\_

Agency Report Number: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_

Charge (Title and Statute): \_\_\_\_\_

Disposition: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

NAME OF JUVENILE: \_\_\_\_\_ DOB: \_\_\_\_\_

Information is requested to assist with the juvenile expungement process in Rock Island County.

Please provide the following:

**Agency:** \_\_\_\_\_

**Agency Report Number:** \_\_\_\_\_

**Date of Arrest:** \_\_\_\_\_

**Charge (Title and Statute):** \_\_\_\_\_

**Disposition:** \_\_\_\_\_

**Date of Completion:** \_\_\_\_\_

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NAME OF JUVENILE: \_\_\_\_\_ DOB: \_\_\_\_\_

Information is requested to assist with the juvenile expungement process in Rock Island County.

Please provide the following:

**Agency:** \_\_\_\_\_

**Agency Report Number:** \_\_\_\_\_

**Date of Arrest:** \_\_\_\_\_

**Charge (Title and Statute):** \_\_\_\_\_

**Disposition:** \_\_\_\_\_

**Date of Completion:** \_\_\_\_\_



**IN THE CIRCUIT COURT FOR THE 14th JUDICIAL CIRCUIT  
ROCK ISLAND COUNTY, ILLINOIS**

IN THE INTEREST OF

NAME OF PETITIONER

A MINOR

)  
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)  
)  
)  
)  
)

GENERAL NO.

**PETITION TO EXPUNGE JUVENILE RECORDS (Category 2)**

Now comes \_\_\_\_\_, the petitioner, and respectfully  
(NAME OF YOUTH)  
requests that this Honorable Court enter an order expunging all juvenile records and law enforcement records pursuant to 705 ILCS 405/5-915(2). In support thereof, Petitioner states:

1. All of Petitioner's Juvenile Court proceedings terminated as of \_\_\_\_\_;  
(COMPLETION DATE)
2. Petitioner's date of birth is \_\_\_\_\_.  
(YOUTH'S BIRTHDAY)
3. Petitioner was arrested on \_\_\_\_\_ by \_\_\_\_\_ Police  
(ARREST DATE) (ARRESTING AGENCY)  
Department for the offense of \_\_\_\_\_ and  
(OFFENSE COMMITTED)

(Check all that apply):

- ☐ I have not been convicted of any crime since my 18<sup>th</sup> birthday
- ☐ I spent time at the Illinois Department of Juvenile Justice and that sentence is finished including aftercare
- ☐ I am at least 18 years of age or 2 years have passed since my juvenile court case ended

4. I have listed any additional eligible juvenile arrests, charges, or findings of guilt on the Juvenile Arrest Records Form.

WHEREFORE, the Petitioner requests this Honorable Court expunge his/her juvenile record in this matter and further order the arresting agency, Illinois State Police, Rock Island County Juvenile Court Services, Rock Island County Sheriff, Rock Island County Circuit Clerk and any other law enforcement agency to expunge any records pertaining to this matter.

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Petitioner's Mailing Address

**VERIFICATION BY CERTIFICATE**

Pursuant to the penalties of perjury under the Code of Civil Procedure, 735 ILCS 5/1-109, I hereby certify that the statements in this petition are true and correct, or on information and belief, I believe the same to be true.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Petitioner's Signature

**IN THE CIRCUIT COURT FOR THE 14th JUDICIAL CIRCUIT  
ROCK ISLAND COUNTY, ILLINOIS**

IN THE INTEREST OF

NAME OF PETITIONER

A MINOR

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GENERAL NO. JD

**NOTICE**

TO: Rock Island County State's Attorney-Juvenile: 525 18<sup>th</sup> Street, Rock Island, IL 61201

TO: Arresting Agency: \_\_\_\_\_

TO: Illinois State Police: Bureau of Identification, 260 N. Chicago St., Joliet IL 60431-1342

TO: \_\_\_\_\_

Attention: Expungement

You are hereby notified that on \_\_\_\_\_, at \_\_\_\_\_, in Juvenile Court,  
(EXPUNGEMENT HEARING DATE) (TIME OF HEARING)  
located at Juvenile Justice Center, St. 525 18<sup>th</sup> Street, Rock Island, IL, before the  
Honorable \_\_\_\_\_, or any judge sitting in his/her stead, I shall  
(DELINQUENCY COURT JUDGE)  
present a Petition to Expunge Juvenile Records at which time and place you may  
appear.

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Petitioner's Address

**NOTE:** Notice is the SAME for ALL petitions

**IN THE CIRCUIT COURT FOR THE 14th JUDICIAL CIRCUIT  
ROCK ISLAND COUNTY, ILLINOIS**

IN THE INTEREST OF

NAME OF PETITIONER

A MINOR

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GENERAL NO. JD

**APPLICATION FOR COURT WAIVER FEES**

Pursuant to Illinois Supreme Court Rule 298 and 735 ILCS 5/5-105, I state:

**1. I am providing the following information about myself:**

- a. Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)
- b. Year of birth: \_\_\_\_\_
- c. Street Address: \_\_\_\_\_
- d. I believe I cannot afford to pay the court fees in this case.

**2. I am providing the following information about people who live with me:**

- a. I support \_\_\_\_\_ adults (*not counting myself*) who live with me.
- b. I support \_\_\_\_\_ children under 18 who live with me.

**3. I have received 1 or more of the benefits listed below in the past 4 weeks:**

- ☐ YES ☐ NO
- ☐ Supplemental Security Income (SSI) (Not Social Security)
  - ☐ Aid to the Aged, Blind, and Disabled (AABD)
  - ☐ Temporary Assistance for Needy Families (TANF)
  - ☐ State Children & Family Assistance
  - ☐ Food Stamps (SNAP)
  - ☐ General Assistance (GA)
  - ☐ Transitional Assistance

**\*\*If you answered "YES" in section 3, skip section 4 and sign the form\*\***

**4. I checked "NO" in section 3, so I am providing the following financial information:**

- a. I have applied for 1 or more of the benefits listed in section 3:  
☐ YES ☐ NO
- b. I receive the following money each month. This includes money that I receive by people I support who live with me.

(Check all that apply)

- |   |          |   |          |
|---|----------|---|----------|
| <input type="checkbox"/> My employment                          | \$ _____ | <input type="checkbox"/> Other people's employment  | \$ _____ |
| <input type="checkbox"/> Child support:                         | \$ _____ | <input type="checkbox"/> Social Security (not SSI): | \$ _____ |
| <input type="checkbox"/> Pension:                               | \$ _____ | <input type="checkbox"/> Unemployment:              | \$ _____ |
| <input type="checkbox"/> Other ( <i>list type and amount</i> ): | _____    |   | \$ _____ |
| <input type="checkbox"/> No income                              |          |   |          |
| Total of all money received: \$ _____                           |          |   |          |



c. I received the following total amount of money in the past 12 months. This includes money received by people I support who live with me. (Check all that apply).

☐ My employment: \$ \_\_\_\_\_ ☐ Other people's employment \$ \_\_\_\_\_  
☐ Child support: \$ \_\_\_\_\_ ☐ Social Security (not SSI): \$ \_\_\_\_\_  
☐ Pension: \$ \_\_\_\_\_ ☐ Unemployment: \$ \_\_\_\_\_  
☐ Other (list type and amount): \_\_\_\_\_ \$ \_\_\_\_\_  
☐ No income  
Total of all money received: \$ \_\_\_\_\_

d. My current monthly expenses are listed below. This includes the monthly expenses of the people I support who live with me. (Check all that apply).

☐ Rent: \$ \_\_\_\_\_ per month  
☐ Home mortgage: \$ \_\_\_\_\_ per month  
☐ Other mortgage: \$ \_\_\_\_\_ per month  
☐ Utilities: \$ \_\_\_\_\_ per month  
☐ Food: \$ \_\_\_\_\_ per month  
☐ Medicaid: \$ \_\_\_\_\_ per month  
☐ Car loan: \$ \_\_\_\_\_ per month  
☐ Other (list type and amount): \_\_\_\_\_ \$ \_\_\_\_\_ per month  
☐ I have no expenses  
Total of all expenses: \$ \_\_\_\_\_

e. I have the belongings listed below. This includes the belongings of the people I support who live with me. (Check all that apply).

☐ Bank accounts and cash totaling: \$ \_\_\_\_\_  
☐ Home real estate, worth: \$ \_\_\_\_\_  
The total I owe on my home mortgage is: \$ \_\_\_\_\_  
☐ Other real estate, not including the house I live in, worth: \$ \_\_\_\_\_  
The total I owe on my other mortgage is: \$ \_\_\_\_\_  
☐ 1<sup>st</sup> vehicle worth: \$ \_\_\_\_\_ The 1<sup>st</sup> vehicle is paid off: ☐ YES ☐ NO  
☐ 2<sup>nd</sup> vehicle worth: \$ \_\_\_\_\_ The 2<sup>nd</sup> vehicle is paid off: ☐ YES ☐ NO  
☐ Other (list items and value): \_\_\_\_\_ \$ \_\_\_\_\_  
☐ None of the above

**I certify that everything above is true and correct to the best of my knowledge.  
I understand that making a false statement in this form could be perjury.**

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Print Your Current Name

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Relationship to Minor or Incompetent Adult (if applicable)

\_\_\_\_\_  
Telephone