

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 1st 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.

Illinois Legal Aid has an online resource that will assist in completing the appropriate forms as well: 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 18th 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 18th 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 6th Avenue
Moline, IL 61265

Silvis Police
600 Illini Drive
Silvis, IL 61282

Rock Island Police
1212 5th Avenue
Rock Island, IL 61201

Coal Valley Police
PO Box 121
Coal Valley, IL 61240

East Moline Police
915 16th Avenue
East Moline, IL 61244

Rock Island Co Sheriff’s Dept.
1317 3rd 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: _____

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: _____

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)) GENERAL NO.
A MINOR))

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 _____.

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 18th 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)
)
) GENERAL NO. JD
NAME OF PETITIONER)
)
)
A MINOR)

NOTICE

TO: Rock Island County State's Attorney-Juvenile: 525 18th 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 18th 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)
)
) GENERAL NO. JD
NAME OF PETITIONER)
)
)
A MINOR)

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: \$ _____
 1st vehicle worth: \$ _____ The 1st vehicle is paid off: YES NO
 2nd vehicle worth: \$ _____ The 2nd 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