



# SACRAMENTO COUNTY PUBLIC DEFENDER

## EXPUNGEMENT PROGRAM

### REQUEST FOR ASSISTANCE

All requests must be in writing. Please fill out both pages of this form as completely as possible. **All information will be kept confidential.** Once you submit this form, we will contact you to discuss your expungement options.

Items with \* must be completed.

Date*:
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#### Personal Information

Last Name*	First Name*	Middle Name
Other Names Used		
Race		
Ethnicity		Veteran? Y/N
		YES:      NO:
Birth Date*	Birth Place	Social Security # (if available)
Driver's License/Cal ID # (if available)		

#### Contact Information

Mobile Phone* (if none, indicate NA)	Alternate Phone	E-mail Address* (if none, indicate NA)	
Street Address* (mailing address)	City*	State*	Zip Code*
How do you prefer to be contacted?*	Preferred Pronoun:		

#### Case Information

Fill in as much information as you can, but do not be discouraged if you do not know the answers. We will assist you in figuring out your record. Attach an additional sheet if necessary.

✓ To best advise you on your record relief options, we will obtain a copy of your California Department of Justice Criminal History Report and potentially other court records on your behalf at no cost to you.

Case Number	Offense Type <small>(example: drug possession, theft, DUI)</small>	Case Type	Sentence

#### Additional Information

	Yes	No	I don't know
Are you currently on informal probation, formal probation, post release community supervision, mandatory supervision, or parole on any case in Sacramento or any other place?			
Do you have any new charges pending against you in Sacramento or any other place?			
Do you have convictions in any other state or federal convictions?			
Are you seeking relief because of a clinic/presentation you attended? If so, what clinic/presentation?			
Current Housing Status			
Own	Rent	Unhoused	At-Risk of Losing Housing
Temporary Housing			

<b>I would like help with:</b> (Check all that may apply. Do not be concerned if you do not know what to ask for. We will review your record and advise you of your options.)			
Expungement/Dismissal of a Conviction		Certificate of Rehabilitation	
PC 290 (Sex Offender Registration) Relief			

**I'm not sure/Other (please describe your request):**

**Why are you requesting help? Provide any additional information you want the attorney to know about your situation:**

Please check both boxes.

**\*I understand the process could take many months.**

**\*I understand I may not qualify for any conviction relief.**

**SUBMIT COMPLETED FORM TO:**

**Expungement Unit  
Office of the Public Defender  
700 H Street, Suite 0270  
Sacramento, Ca 95814**

**E-mail: [PublicDefender-Expungement@saccounty.gov](mailto:PublicDefender-Expungement@saccounty.gov)**