

**SACRAMENTO COUNTY PUBLIC DEFENDER**  
**EXPUNGEMENT INTAKE FORM**

**DATE:** \_\_\_\_\_

**First and Last Name:** \_\_\_\_\_

**X-Ref:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Driver's License Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Ethnicity:** Hispanic/Latino Non-Hispanic/Non-Latino

**Employment information:** \_\_\_\_\_

**Do you receive any public benefits?** \_\_\_\_\_

**Current Housing Status**

Own    Rent    Unhoused    At-Risk of Losing Housing    Temporary Housing

**Case Manager (If you have one)**

**Case Manager Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Case History**

**Convictions in Sacramento County?**    Yes    No    Unsure

**Did you go to prison for any case?**    Yes    No    Unsure

**Currently on probation, parole or have active cases?**    Yes    No    Unsure

**Please circle all services requested:**

*A full record check will be conducted to determine what options are available to you.*

Expungement                      Misdemeanor Reduction                      Registration Termination

*Turn this form over: Both sides must be completed*

## **CONSENT TO REPRESENTATION**

I am seeking assistance with clearing my record. I understand that this is a process and takes time to complete. I understand that there is no guarantee that the court will agree to clear my record. I authorize the Sacramento County Public Defender's Office to act on my behalf.

I understand that this process may take several months to complete.

I understand that I may not qualify for any relief.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

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### **PC 977 Consent:**

In the event that I am unable to appear in court on the date my hearing(s), I authorize the Sacramento County Public Defender to appear in court on my behalf.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

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### **Consent to Law Student Representation for Record Modification Services:**

The rules set forth by the California State Bar require your written consent before a certified law student may represent you in court or out of court. By signing this form, you agree to allow a certified law student to represent you under direct supervision of an attorney from the Public Defender's Office.

The Record Modification Unit employs both attorneys and Legal Research Assistants (LRA's) who are California State Bar certified law students. I understand that my record modification case may be assigned to an LRA who will work under the supervision of an attorney in this unit.

I consent to being represented by a California State Bar certified law student employed by the Sacramento County Public Defender's Office.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

*Turn this form over: Both sides must be completed*