

Person Filing: \_\_\_\_\_  
Mailing Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
If Attorney, State Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
IN MOHAVE COUNTY**

In the Matter of:

Case Number(s): JV \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Applicant's Name)

**APPLICATION FOR DESTRUCTION  
OF JUVENILE RECORDS**

\_\_\_\_\_  
(Applicant's Date of Birth)

(A.R.S. § 8-349)

Request to Modify Fines

**(USE BLACK OR BLUE INK: PRINT LEGIBLY)**

**STATEMENTS TO AND REQUEST(S) OF THE COURT**

**A.** I request destruction of my juvenile court records, including Department of Juvenile Corrections records, pursuant to **A.R.S. § 8-349(A)**.

Check all that are true.

I am at least **18** years of age and not under the jurisdiction of the juvenile court or the Department of Juvenile Corrections.

I have not been convicted of a felony offense in adult court.

A criminal charge is not pending against me in an adult court.

I was not adjudicated for an offense listed in A.R.S. § 13-501 subsections A or B or title 28, chapter 4. (See Legal Requirements for the Destruction of Juvenile Records document.)

I have completed the terms and conditions of court-ordered probation, **or** I have been discharged from the Department of Juvenile Corrections and successfully completed my individualized treatment plan pursuant to A.R.S. § 41-2820.

I am not required to register pursuant to A.R.S. § 13-3821. (See Legal Requirements for the Destruction of Juvenile Records handout.)

All restitution is **paid in full** or  restitution was not ordered in this case.

All fines have been **paid in full** or  no fines were ordered in this case.

**OR**

Fines **have not been paid in full and I request the court modify** these fines. The following circumstances exist to support my request to modify the fines owed: (Explain.)

**Note:** The court cannot modify victim restitution.

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- B.** I request destruction of my juvenile court records, including Department of Juvenile Corrections records, pursuant to A.R.S. § 8-349(E).

Check all that are true.

- I am at least **25** years of age and not under the jurisdiction of the juvenile court or the Department of Juvenile Corrections.
- I have not been convicted of a felony offense in adult court.
- A criminal charge is not pending against me in an adult court.
- I am not required to register pursuant to A.R.S. § 13-3821. (See Legal Requirements for the Destruction of Juvenile Records document.)
- All restitution is **paid in full** or was not ordered in this case.
- All fines have been **paid in full** or no fines were ordered in this case.

**OR**

- Fines have not been paid in full and I request the court modify** these fines. The following circumstances exist to support my request to modify the fines owed: (Explain.)

**Note:** The court cannot modify victim restitution.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant or Applicant's Attorney