



## The Clean Slate Cooperative

### EXPUNCTION INTAKE FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: TX

Zip: \_\_\_\_\_ County: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ ☐ Male ☐ Female

Education Level \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

How did you find out about the Cooperative? ☐ media ☐ friend/relative ☐ legal aid ☐ court  
☐ another client ☐ advertising ☐ other: (please specify) \_\_\_\_\_

#### ETHNICITY:

☐ Black [Not of Hispanic Origin] ☐ Hispanic/Latino ☐ White [Not of Hispanic Origin]  
☐ Native American ☐ Asian/Pacific Islander ☐ Other [please specify] \_\_\_\_\_

#### DO ANY OF THESE APPLY?

☐ Veteran ☐ Disabled [type] \_\_\_\_\_ ☐ Homeless ☐ Victim of domestic violence  
☐ LGBTQ ☐ Previous/current involvement in the foster care

Language spoken? ☐ English ☐ Spanish ☐ Vietnamese ☐ Chinese ☐ Other \_\_\_\_\_

#### HOUSEHOLD COMPOSITION AND INCOME:

HOUSEHOLD MEMBER NAME	INCOME SOURCE (Work, SSI, etc.)	MONTHLY AMOUNT
Self -		
Spouse/Partner -		
Children-		
Children -		
Other - _____ Relationship: _____		
Other - _____ Relationship: _____		

Total Number in household: \_\_\_\_\_ GROSS Monthly Household Income: \_\_\_\_\_

## CASE INFORMATION

1. Have you had any prior arrests that did not result in criminal charges? ☐ Yes ☐ No

2. Was the charge in Texas? ☐ Yes ☐ No What county? \_\_\_\_\_

3. When were you charged? \_\_\_\_\_ What court? \_\_\_\_\_

4. What was the charge? \_\_\_\_\_

5. How did you plead? ☐ Guilty ☐ Not Guilty ☐ No contest

6. What was the outcome of your case? ☐ Sentenced ☐ probation ☐ deferred adjudication

7. If probation or deferred adjudication did you complete the terms? ☐ Yes ☐ No

8. If yes, was your case dismissed upon completion? ☐ Yes ☐ No

9. Were you represented by an attorney? ☐ Yes ☐ No

### Attorney Contact Information

Name : \_\_\_\_\_

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

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

10. Have you tried to get your records cleared or sealed in the past? ☐ Yes ☐ No

11. Have you had difficulty with ☐ employment ☐ housing ☐ immigration ☐ benefits  
☐ education ☐ Other (specify) \_\_\_\_\_

12. Do you need assistance in other areas of your life? ☐ food ☐ transportation ☐ disability  
☐ education ☐ family ☐ property ☐ other (explain) \_\_\_\_\_

**Please sign below using your initials as your electronic signature.**

*I have read the above information and it is true and accurate statement of my financial situation and the facts concerning my problem. Signed: \_\_\_\_\_*

*I understand that if a conflict of interest arises from the facts of my case, my case will be closed. Signed: \_\_\_\_\_*

*I am currently a citizen of the United States of America ☐ Yes ☐ No Signed: \_\_\_\_\_*

### **FOR CSC USE ONLY:**

**Date Reviewed:** \_\_\_\_\_ **Reviewed by:** \_\_\_\_\_

**Record Type:** ☐ Juvenile ☐ Adult

**Criminal record check performed date:** \_\_\_\_\_ **Performed by:** \_\_\_\_\_

**Eligibility Type:** ☐ Sealing ☐ Expunction ☐ Nondisclosure

**Income Eligible for cost and fees payment by CSC -** ☐ Yes ☐ No

**Referral approved by:** \_\_\_\_\_

**Case Referred for pro bono services to:**

### Attorney Contact Information

Name : \_\_\_\_\_

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

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

**Other comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_