

COMPLETING THE MOTION TO SEAL JUVENILE RECORDS (County Court)

Use this form to ask the court to seal your juvenile record in county court.

It is only used if the record has not automatically been sealed.

To request the juvenile records sealed, you must be either 19 or over, or there have been more than 6 months since the case was closed.

Page 1 of 2

Choose "county court" and the name of the county using the drop-down lists.

Enter the original case number.

Enter your name exactly as it was listed on the original case.

Check the box that applies.

List the date of these charge(s).

List the charge(s) in this case.

IN THE COURT OF COUNTY, NEBRASKA
Choose the court Choose the court

State of Nebraska
Plaintiff

Case No. _____

vs.
(juvenile named in original case) Defendant

MOTION TO SEAL JUVENILE RECORDS

I am the:
☐ defendant
☐ parent/guardian of the defendant
in the above-listed case.

The defendant is requesting this court enter an Order sealing the criminal record relating to this case.

The defendant is stating the following facts in support of this Motion:

1. The defendant was charged with _____ on _____
(crime(s) charged) (date of charge)
2. The defendant was under eighteen years of age at the time of the offense.
3. The defendant has been satisfactorily rehabilitated.

Page 2 of 2

Check the box that applies.

☐ The defendant is 19 or over. ☐ More than 6 months have passed since the case was closed.

The defendant requests all records relating to this case be sealed, and not made available except by Order of the court, or as provided under Nebraska law.

Signature: _____ Date: _____

of Juvenile or Parent/Guardian of the Juvenile

Printed Name: _____

of Requesting Party

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

*Email address: _____

*Nebraska Supreme Court Rule § 2-208 requires individuals who are not attorneys and representing themselves to provide their email address. The court will use the email address to send notices from the court about this case **except** for items that require another type of service as directed by statute or Nebraska Supreme Court Rule.

If you no longer have email capability or if your email or other contact information changes, you must complete a [Change of Contact Information Form](#).

☐ By checking this box, I am letting the court know that I do not have the ability to receive emails. The reason I cannot receive email is: _____

Sign the form, and enter your printed name, the date signed, your address, telephone number, and your email address (if you can receive emails).

Read this statement carefully.

If you **CANNOT** receive emails, check the box, and use the lines to explain why you can't.