



## **Clean Slate Program Application**

The information you give us is **CONFIDENTIAL.** *Please answer every question completely.* 

Date Last Name		First Name			МІ		
Social Security Number		Driver's License #	Date of Birth		U.S. Citizen?		
					□ No	□ Yes	
Mailing Address: Street		City	State		Zip		
Phone Number/s: Cell		Home	May we send you mail at this address?  Work Other			☐ Yes	
		May we leave voice messa	ges about your case at	these numbers	? 🗆 No	☐ Yes	
Email Address							
Are you currently			On probation or parole?		□ Yes	□No	
			Serving a sentence?		☐ Yes	□ No	
			Charged wit	th a crime?	☐ Yes	□ No	
If you are on pro	obation, where ar	nd until when?					
Have you EVER been arrested or convicted of a crime OUTSIDE of San Francisco? $\Box$ Yes					□ Yes	□ No	
If yes, list all the	e dates:						
			Are you curre	ently employed	? □ Yes	□No	
What is your monthly income? \$							
•	, ,	nse for essential needs? spenses, childcare expenses, etc	\$				
How did you hear about the Clean Slate Program?							



## SAN FRANCISCO POLICE DEPARTMENT IDENTIFICATION SECTION

## REQUEST BY A PUBLIC DEFENDER OR ATTORNEY OF RECORD FOR LOCAL SUMMARY CRIMINAL HISTORY INFORMATION

I, Aleo of the State	em of Califo	Raja mia that I am an attorney I	licensed to practice	enalty of perjury under the law	a,	
und that I al	n current	y representing the followi	ng individual in th	e proceeding identified belov	v:	
Last Name			First Name			
	_					
Race .	Sex	DOB	SF Nur	nber		
Case Number		Court Number	Court 1	Date	21	
obtain access disclosure of my client's	g that clie ss to that i of that info	nt, that I am authorized un information, and that I am	der Penal Code Sec aware of the restrice Section 13303 (se ormation, specifical	r use in the course of my dutiction 13300 (see below) to ctions on and penalties for see below). I request a copy of ly:		
Date of Reque	Pair	Alexa		#191688		
Print Name of	Attorne	Signature of Attorney	,	State Bar Number	9	
(8) A public petition for (9) A public parole, mand	to any of defender a certifi defender atory supe	the following, when needed or attorney of record when icate of rehabilitation and or attorney of record when ervision, or postrelease columns when authorized access by	d in the course of the representing a per dispardon pursuant to representing a per community supervision	their duties rson in proceedings upon a p Section 4852.08. rson in a criminal case, or a n revocation or revocation		
obtained from	m a record	303 Any person authorized d who knowingly furnishes t receive the record or infor	he record or inform	mation to a person who is not		
FOR POLI	CE DEP	ARTMENT USE ONLY			-	
Date Received		Processed by		SF Number verified	-	