

REQUEST FOR DESTRUCTION OF A YOUTH CRIMINAL JUSTICE RECORD
(s. 128 *Youth Criminal Justice Act*)

CANADA
PROVINCE OF QUÉBEC
District:
Locality:
File number(s):

Name of requester	Date of birth	Year	Month	Day	Area code	Phone number (home)
Address of requester	Postal code	Area code	Phone number (work)	Ext.		

requests that the record(s) be destroyed along with the computerized records pertaining to it(them).

_____ Date

_____ Signature of requester or requester's attorney

FOR COURT CLERK'S USE ONLY	
After reviewing the above-mentioned record(s),	
<input type="checkbox"/> I authorize the destruction of the record(s) and the computerized records pertaining to it(them).	<input type="checkbox"/> I reject the destruction of the record(s) and the computerized records pertaining to it(them), for the following reason(s): <ul style="list-style-type: none"> <input type="checkbox"/> the period of access provided for in section 119(2) of the <i>Youth Criminal Justice Act</i> has not expired; <input type="checkbox"/> subsequent indictable conviction; <input type="checkbox"/> subsequent conviction under the <i>Youth Criminal Justice Act</i>; <input type="checkbox"/> the case in question is under appeal; <input type="checkbox"/> other: _____ _____ _____

_____ Date

_____ Clerk's signature