

**STATE OF ALASKA
DEPARTMENT OF PUBLIC SAFETY**

REQUEST TO SEAL CRIMINAL JUSTICE INFORMATION

SEND TO:
CHIEF, CRIMINAL RECORDS AND IDENTIFICATION BUREAU
5700 E. TUDOR ROAD ☐ ANCHORAGE, AK 99507

INSTRUCTIONS. Read the entire application packet before filling it out. You must provide all required information and attachments. Use extra pages if necessary. Incomplete forms will be returned to you indicating what additional information is required. You may also attach other documents or evidence, beyond what is required in this application, that support your request.

PART I includes the Alaska statute (AS 12.62.180) and regulation (13 AAC 68.205) that address sealing of criminal justice information. The Commissioner of Public Safety cannot seal criminal records from other states or the federal government, only records that originated in this state.

PART II requires you to give information about yourself and the criminal charges/court case. The information you provide will be used to identify your records in the Alaska Public Safety Information Network (APSIN) and the records of police, prosecution, court, or other criminal justice agencies involved in your case.

PART III requires you to explain the circumstances of the charge/case. Your explanation must show that, beyond a reasonable doubt, that the criminal charge(s) resulted from **mistaken identity** or a **false accusation**.

PART IV requires documentation from criminal justice agencies involved with your case to verify your version of events. Depending upon the circumstances of your case, you must provide

1. evidence that the charge was dismissed or you were acquitted because the charge resulted from mistaken identity or false accusation,

OR

2. if you were convicted, evidence that the conviction has been overturned by a court or you have been pardoned by the Governor because the charge resulted from mistaken identity or false accusation.

PART V will be completed by the Records and Identification Bureau. The Bureau may contact you for additional information, including a request for a full set of fingerprints if necessary to process your request.

PART VI will be completed by the Commissioner of Public Safety. The application packet will be returned to you showing the Commissioner's decision.

PART I: ALASKA STATUTES/REGULATIONS.

AS 12.62.180. SEALING OF CRIMINAL JUSTICE INFORMATION. (a) Under this section, a criminal justice agency may seal only the information that the agency is responsible for maintaining.

(b) A person may submit a written request to the head of the agency responsible for maintaining past conviction or current offender information, **asking the agency to seal such information about the person that, beyond a reasonable doubt, resulted from mistaken identity or false accusation.** The decision of the head of the agency is the final administrative decision on the request.

(c) The person requesting that the information be sealed may appeal an adverse decision of the agency to the court under applicable rules of procedure for appealing the decision of an administrative agency. The appellant bears the burden on appeal of showing that the agency decision was clearly mistaken. An appeal filed under this subsection may not collaterally attack a court judgment or a decision by prison, probation, or parole authorities, or any other action that is or could have been subject to appeal, post-conviction relief, or other administrative remedy.

(d) A person about whom information is sealed under this section may deny the existence of the information and of an arrest, charge, conviction, or sentence shown in the information. Information that is sealed under this section may be provided to another person or agency only

- (1) for record management purposes, including auditing;
- (2) for criminal justice employment purposes;
- (3) for review by the subject of the record;
- (4) for research and statistical purposes;
- (5) when necessary to prevent imminent harm to a person; or
- (6) for a use authorized by statute or court order.

13 AAC 68.205. SEALING CRIMINAL JUSTICE INFORMATION. When information maintained by the repository is sealed under AS 12.62.180, the repository shall enter a notation in the record stating that the information has been sealed by order of the commissioner or by an identified court after appeal under AS 12.62.180(c), and the date of the order. (Eff. 1/10/97, Register 140)

PART II: PERSON AND CASE INFORMATION. Please fill out ALL items; do not write in the check boxes. If an item does not apply to you or your case, write "N/A". Use additional sheets if necessary. Incomplete/illegible forms will be returned with checked boxes indicating missing information required..

<input type="checkbox"/> FULL NAME (Last)				<input type="checkbox"/> (First)		<input type="checkbox"/> (Middle)		<input type="checkbox"/> (Suffix)	
<input type="checkbox"/> FORMER OR OTHER NAMES/ALIASES									
<input type="checkbox"/> MAILING ADDRESS					<input type="checkbox"/> PHONE NUMBER(S)				
					<input type="checkbox"/> SOCIAL SECURITY #				
<input type="checkbox"/> DATE OF BIRTH					<input type="checkbox"/> ALASKA DRIVER'S LICENSE # OR STATE ID #				
<input type="checkbox"/> ARREST TRACKING NUMBER			<input type="checkbox"/> DATE OF ARREST			<input type="checkbox"/> DATE OF OFFENSE			
<input type="checkbox"/> POLICE AGENCY CASE #			<input type="checkbox"/> NAME OF ARRESTING AGENCY			<input type="checkbox"/> NAME OF ARRESTING OFFICER			
<input type="checkbox"/> PROSECUTION CASE #			<input type="checkbox"/> NAME OF PROSECUTING AGENCY			<input type="checkbox"/> NAME OF PROSECUTOR			
<input type="checkbox"/> TRIAL COURT CASE #:					<input type="checkbox"/> NAME OF TRIAL COURT				
<input type="checkbox"/> APPELLATE COURT CASE #:					<input type="checkbox"/> NAME OF APPELLATE COURT				
<input type="checkbox"/> CHARGE(S): STATUTE/ORDINANCE # (E.G., "AS 11.46.120")					<input type="checkbox"/> NAME OF OFFENSE(S) (E.G., "THEFT IN 1 ST DEGREE")				
<input type="checkbox"/> DATE CHARGE DISMISSED					<input type="checkbox"/> AGENCY THAT DISMISSED				
<input type="checkbox"/> DATE ACQUITTED					<input type="checkbox"/> DATE SENTENCED				
<input type="checkbox"/> DATE CONVICTION REVERSED OR VACATED					<input type="checkbox"/> DATE PARDONED				

PART III. EXPLANATION OF MISTAKEN IDENTITY OR FALSE ACCUSATION. *Please explain the circumstances leading to the charge(s) you wish sealed. **Your statement must show that, beyond a reasonable doubt, the charge(s) resulted from mistaken identity or false accusation.** If the charges resulted from mistaken identity, provide the name and descriptive information about the person for whom you were mistaken, if known. If the charge(s) resulted from false accusation, include the name and descriptive information about the person who made the false accusation, if known. Use additional sheets if needed.*

PART IV. VERIFICATION/DOCUMENTATION. *You must obtain the required statement(s) and signature(s) and attach the required documents for ALL of the circumstances, A-D, that apply to your case. You may also attach any other reports, statements, or documents that support your request.*

A. IF YOU WERE ARRESTED OR ISSUED A CITATION for the charge(s) you wish sealed, you must have the arresting/citing officer (or the officer's superior) complete and sign this section.

I am the officer who arrested or cited the applicant, or the arresting/citing officer's superior. I have read this application. **I AGREE** **I DO NOT AGREE** that, beyond a reasonable doubt, the charge(s) in question resulted from mistaken identity or false accusation. **COMMENTS:**

NAME/TITLE (PRINTED)		SIGNATURE	
AGENCY	PHONE NUMBER	DATE	

B. IF THE CHARGE(S) WERE REFERRED TO A PROSECUTOR, you must have the prosecutor (or the prosecutor's superior) complete and sign this section.

I am the prosecutor to whom the charges in question were referred, or the prosecutor's superior. I have read this application. **I AGREE** **I DO NOT AGREE** that, beyond a reasonable doubt, the charge(s) in question resulted from mistaken identity or false accusation. **COMMENTS:**

NAME/TITLE (PRINTED)		SIGNATURE	
AGENCY	PHONE NUMBER	DATE	

C. IF THE CHARGE(S) WERE DISMISSED OR YOU WERE ACQUITTED OR FOUND NOT GUILTY: You must attach a court order or judgment showing dismissal, acquittal, or a finding of not guilty.

D. IF YOU WERE CONVICTED OF THE CHARGE(S): You must attach either (1) a court judgment or order overturning the conviction OR (2) a Governor's Pardon.

PART V. TO BE COMPLETED BY RECORDS AND ID BUREAU

APSIN #	FBI #
<input type="checkbox"/> Person demographic information is accurate and complete <input type="checkbox"/> Offense/Case information is accurate and complete <input type="checkbox"/> Fingerprints on file for record subject <input type="checkbox"/> Fingerprints on file for charge(s) in question <input type="checkbox"/> State and national criminal history records attached <input type="checkbox"/> Arresting/citing agency information verified, or <input type="checkbox"/> N/A <input type="checkbox"/> Prosecution agency information verified, or <input type="checkbox"/> N/A <input type="checkbox"/> Dismissal/Acquittal information verified, or <input type="checkbox"/> N/A <input type="checkbox"/> Appellate reversal attached and verified & no further appeals pending, or <input type="checkbox"/> N/A <input type="checkbox"/> Governor's Pardon attached and verified, or <input type="checkbox"/> N/A	
I RECOMMEND THE REQUEST FOR SEALING BE <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED. COMMENTS: 	
Signature _____	Date _____

PART VI: TO BE COMPLETED BY THE COMMISSIONER OF PUBLIC SAFETY

<input type="checkbox"/> THE REQUEST IS APPROVED. I order that information maintained in the Alaska Public Safety Information Network (APSIN) concerning the charge(s) shown in this application be sealed.
<input type="checkbox"/> THE REQUEST IS DENIED.
COMMENTS:
Signature _____
Date _____

cc: Chief, Criminal Records and Identification Bureau
Record Subject/Requester