

REQUEST TO EXPUNGE ARREST RECORD

O.C.G.A. 35-3-37(d)

SECTION (1) ONE - APPLICANT INFORMATION (to be completed by requester)

Name _____

Date of Birth _____ Race _____ Sex _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip Code _____

Arresting Agency: _____

Date of Arrest _____

Offense(s) Arrested For: _____

(NOTE: Arresting or Prosecuting Agencies may require the use of separate forms for each date of arrest to be expunged.)

Sections One and Two of this form must be completed in their entirety before request may be submitted to the Prosecuting Attorney's Office.

I request the arrest record information described above pertaining to me be expunged from the record(s) of the arresting agency pursuant to the provisions of O.C.G.A. 35-3-37(d).

Signature _____

Date _____

O.C.G.A. 35-3-37(d)(1) provides in part that "An individual who was: (A) Arrested for an offense under the laws of this state but subsequent to such arrest is released by the arresting agency without such offense being referred to the prosecuting attorney for prosecution; or (B) After such offense referred to the proper prosecuting attorney, and the prosecuting attorney dismisses the charges without seeking an indictment or filing an accusation may request the original agency in writing to expunge the records of such arrest..."

SECTION (2) TWO - ARREST INFORMATION
(to be completed by arresting agency)

Date Request Received _____

Applicant's State Identification Number (SID) GA _____

Arresting Agency Name _____

Arresting Agency ORI Number GA _____

Case/Citation/Docket Number: _____

Date of Arrest: _____

Arrest appears on Georgia and/or FBI criminal history record? ___ Yes ___ No
If arrest does not appear on either state or federal record, expungement can not be processed and therefore there is no need to forward request to GCIC.

Arrest Charges: _____

Disposition of Arrest: _____

Disposition appears on Georgia criminal history record? ___ Yes ___ No
If No, official documentation containing disposition information is attached for processing.
If official documentation is not available, please provide explanation and request for exception in Prosecutor's Comments. (Without a disposition on file, official documentation, or request for exception, request can not be processed)

Prosecuting Attorney/Court Case Referred To: _____

Name and Title of Official Completing Form

Signature of Official Completing Form

SECTION (3) THREE - PROSECUTING ATTORNEY
(to be completed by prosecuting attorney)

Date Request Received _____

Judicial Circuit/County _____

Prosecuting Agency ORI Number GA _____

District Attorney/Solicitor General _____

Prosecutor Assigned to Case _____

Case/Citation/Docket Number _____

Please select one of the following actions

_____ Expungement Meets Statutory Requirements

_____ No Information Available; Expungement Forwarded Without Objection

_____ No Information Available at Prosecutor's Office; Returned to Arresting Agency for Further Research. **DO NOT FORWARD EXPUNGEMENT FORM TO GCIC**

_____ Expungement Does Not Meet All Statutory Requirements. **DO NOT FORWARD EXPUNGEMENT FORM TO GCIC.**

Prosecutor Comments:

Signature of Prosecutor

Date