

REQUEST TO EXPUNGE

ARREST RECORD

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

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

PHONE NUMBER WHERE YOU MAY BE REACHED (_ _ _) - _ _ _ - _ _ _ _

Name _____

Date of Birth _____ Race _____ Sex _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

Arresting Agency _____

Date of Arrest _____

Offenses Arrested For: _____

I request that 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)—ARREST INFORMATION (to be completed by the arresting agency)

Date Request Received _____

Original (Arresting) Agency _____

ORI Number _____

Case/Citation/Docket Number _____

Date of Arrest _____

Arrest Charges _____

Disposition of Arrest _____

Prosecuting Attorney/Court Case Referred To _____

Applicant’s State Identification Number (SID) _____

Does Applicant’s GCIC Criminal History Record Indicate the Disposition of Arrest? If none appears, a copy of final disposition or completed OBTS form MUST be attached to this request.

Signature of Official Completing Form

Attach copies of the incident report, warrants, citations, GCIC criminal history record or any other reports which may be required by the prosecuting attorney in conducting a review of this request.

SECTION (3) THREE—PROSECUTING ATTORNEY

(to be completed by prosecuting attorney only)

Date Request Received _____

Judicial Circuit/County _____

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