

REQUEST TO EXPUNGE ARREST RECORD

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

Money Order
Certified Check
GBI Reference #

Internal Use Only

**One (1) Date of Arrest Only Per Request and
A non-refundable \$25.00 Fee
(Money Order or Certified Check payable to "Georgia Bureau of Investigation") per Request
The local agency may also require a fee up to \$25.00**

SECTION ONE - APPLICANT INFORMATION

(To be completed by Applicant)

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..."

Name: _____

Date of Birth: _____ Race: _____ Sex: _____

Social Security Number: _____

Telephone Number: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Arresting Agency: _____

Date of Arrest: _____

Offense(s) Arrested For: _____

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 (Date of Arrest and associated charges) 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: _____

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize Henry County Government to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex Race Date of Birth Social Security Number

Department Position

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

One of the following must be checked:

- This authorization is valid for 90/180/____ (circle one) days from date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.