

INSTRUCTIONS FOR REQUEST TO RESTRICT (EXPUNGE) ARREST RECORD
For Arrests Prior to 07/01/2013

Georgia law (O.C.G.A. § 35-3-37) provides for the restriction of certain criminal history records for non-criminal justice purposes when approved by the prosecuting attorney.

For Arrests AFTER July 1, 2013

For arrest occurring July 1, 2013 or later, there is no application process required. The prosecutor of your case may approve the restriction at the time of sentencing. If restriction is approved upon sentence completion, it will be noted in the sentencing documentation forwarded to the court.

For Arrests BEFORE July 1, 2013

For arrests prior to July 1, 2013 the applicant is required to apply for restriction at the arresting agency. Arresting agencies require a processing fee of \$25.00 per date of arrest as authorized per § 35-3-37. Call the arresting agency for the current fee charged.

The REQUEST TO RESTRICT ARREST RECORD is a three page form and a Consent Form to run your background.

- **Section One** is completed by the applicant. Each request form may contain only one (1) Date of Arrest (there may be multiple charges for that arrest).
- **Section Two** is completed by the arresting agency. The arresting agency then forwards the entire form to the prosecutor for approval/denial.
- **Section Three** is completed by the prosecutor. If approved or denied by the prosecutor, the arresting agency will notify the applicant and a copy of the decision is made available. This process generally takes 2-3 weeks.

**Refunds will not be issued by H.C.P.D. when applications are not approved by the prosecutor. Requests for restrictions that have missing data will not be processed until all required data is received and the fee will not be refunded due to missing required data.*

REQUEST TO RESTRICT ARREST RECORD

Prior to 07/01/2013

One (1) Date of Arrest per request
A non-refundable fee of \$25.00 per Incident

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 must be completed in its' 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).

Applicant Signature: _____ Date: _____

****TO BE COMPLETED BY HCPD ONLY****

APPROVED DATE: _____

DENIED DATE: _____

SECTION TWO – ARREST INFORMATION

(To be completed by Arrest Agency)

Date Request Received: _____

Applicant's State Identification Number (SID): GA

Offender Tracking Number: _____

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, restriction cannot be processed, therefore, there is no need to forward request to Prosecutor's office.

Arrest Charge Tracking Number(s) and 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 restriction, this request cannot be processed.)

Prosecuting Attorney/Court Case Referred To: _____

Official Completing Form:

Title: _____

Name: _____ Telephone Number: _____

Signature: _____ Email: _____

SECTION THREE – PROSECUTING ATTORNEY
(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:

_____ Approved - Record Restriction Meets Statutory Requirements

_____ No Information Available; Record Restriction Forwarded Without Objection

_____ Approved - No Further Action Anticipated

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

_____ Denied - Restriction Does Not Meet Statutory Requirements
DO NOT FORWARD RESTRICTION FORM TO GCIC.

If additional Charges from same Arrest Date, other than those identified on Page 2, are also approved for record restriction, list the Arrest Charge Tracking Number(s) and Charges in Prosecutor Comments.

Prosecutor Comments: _____

Prosecutor Completing Form:

Name: _____

Telephone Number: _____

Signature: _____

Email: _____

Henry County Police Department Criminal History Record Request Consent Form

In signing below, I hereby authorize Henry County Police Department to release any and all Georgia criminal record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Name: _____
Last Name
First Name
Middle Name

Address: _____
Street Address
City
State
Zip Code

Sex: Male Female *(circle one)* **Race:** _____

Date of Birth: _____ **Social Security #:** _____

Previous Names Used & Time Periods:

Previous Name (First/Middle/Last)	Dates Used (MM/YYYY)
	From: _____ To: _____.
	From: _____ To: _____.
	From: _____ To: _____.

Special employment provisions: *(check if applicable)*

- Employment with mentally disabled (Purpose code "M")
- Employment with elder car (Purpose code "N")
- Employment with children (Purpose code "W")
- Employment with criminal justice agency – civilian (Purpose code "J")
- Employment with criminal justice agency – P.O.S.T. certified (Purpose code "Z")

You Must Check One Below:

- This authorization is valid for **90 Days/ 180 Days** *(Circle One)* from signature date.
- I give consent to perform periodic criminal history checks for the duration of my employment with this company.

Signature: _____ **Date:** _____