

REQUEST TO RESTRICT ARREST RECORD

Prior to 07/01/2013

One (1) Date of Arrest per request-
\$25.00 Non-Refundable Background Fee (includes 1-Restriction/Expungement)
Additional \$25.00 per incident Expungement/Restriction

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:** _____

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)	From: MM/YYYY	To: MM/YYYY
1.	/	/
2.	/	/
3.	/	/

Special Employment Provisions (Check if applicable)

- _____ Employment with "mentally disabled" (Purpose code "M")
_____ Employment with "elderly care" (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")

Please check one of the following:

_____ This authorization is valid for 90/180 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: _____

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: _____

<u>Prosecutor Completing Form:</u>	
Name: _____	Telephone Number: _____
Signature: _____	Email: _____