

**GEORGIA BUREAU OF INVESTIGATION
GEORGIA CRIME INFORMATION CENTER
INSTRUCTIONS FOR REQUEST TO RESTRICT (EXPUNGE) ARREST RECORD**

1. Restriction of criminal history records is authorized by O.C.G.A. §35-3-37. It provides for the restriction of certain criminal history records when approved by the prosecuting attorney. GCIC cannot restrict a criminal history record without the approval of the prosecuting attorney.
2. For any requests/applications received by the arresting agency, GCIC will require a fee of \$25.00 from the applicant to process the Request to Restrict Arrest Record form approved by the prosecuting attorney. Each request form may contain only ONE (1) Date of Arrest (there may be single or multiple charges for the date of arrest). The \$25.00 fee (money order or certified check payable to "Georgia Bureau of Investigation") must be attached to the request form. GCIC only requires the fee once the request is approved by the prosecutor and submitted to GCIC.
3. The arresting agency may also require a fee to process the request as authorized under O.C.G.A. §35-3-37(d)(1)(B).
4. Please seek additional instructions from the arresting agency with regards to how the fees should be paid or how the approved request should be submitted to GCIC.
5. If this completed request form is sent to GCIC without the fee, it will be returned to the applicant.
6. Refunds will not be issued by GCIC 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.
7. The applicant will complete Section One of the Request to Restrict Arrest Record form and forward all three pages to the arresting agency.
8. The arresting agency will complete Section Two of the Request to Restrict Arrest Record form and forward all three pages to the prosecutor for approval.
9. The prosecutor will approve or deny the request, and return the Request to Restrict Arrest Record form to the arresting agency.
10. Once approved by the prosecutor, the arresting agency may return the approved request form to the applicant who will be responsible for forwarding the approved request form and \$25.00 fee to GCIC. If the arresting agency collects the GCIC fee from the applicant at the time the request is received, the arresting agency may forward the request form and \$25.00 fee to GCIC on behalf of the applicant.
11. If the approved request form is received by GCIC without payment, the request will be rejected and returned to the applicant.
12. Mail the approved Request to Restrict Arrest Record form and \$25.00 fee (money order or certified check payable to "Georgia Bureau of Investigation") to:

**Georgia Crime Information Center
Record Restrictions
P.O. Box 370808
Decatur, Georgia 30037-0808**

13. Requests for restrictions may be hand-delivered to GCIC between the hours of 9:00 a.m. - 4:00 p.m., Monday thru Friday, except designated state holidays. **GCIC is located at 3121 Panthersville Road, Decatur, Georgia 30034.**
14. To check the status of your request, contact the GCIC CCH/Identification Services at (404) 244-2639 or email gacriminalhistory@gbi.ga.gov.

REQUEST TO RESTRICT (EXPUNGE) ARREST RECORD

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

**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**

Money Order
Certified Check
GBI Reference #

Internal Use Only

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 restricted from the record(s) of the arresting agency pursuant to the provisions of O.C.G.A. 35-3-37(d).

Signature: _____ Date: _____

SECTION TWO - ARREST INFORMATION

(To be completed by Arresting Agency)

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..."

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, the record restriction cannot be processed and, therefore, there is no need to forward request to GCIC.

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 exception, this request cannot be processed. GCIC fee will not be refunded.)

Prosecuting Attorney/Court Case Referred To: _____

Official Completing Form:

Title: _____

Name: _____

Telephone Number: _____

Signature: _____

Email: _____

SECTION THREE – PROSECUTING ATTORNEY
(To be completed by Prosecuting Attorney)

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...”

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:

- _____ Record Restriction Meets Statutory Requirements
- _____ No Information Available; Record Restriction Forwarded Without Objection
- _____ No Information Available at Prosecutor’s Office; Returned to Arresting Agency for Further Research. **DO NOT FORWARD RESTRICTION FORM TO GCIC.**
- _____ Restriction Does Not Meet All 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: _____