

**REQUEST TO EXPUNGE  
ARREST RECORD**

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

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

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Arresting Agency: \_\_\_\_\_

Date of Arrest \_\_\_\_\_

Offense(s) Arrested For: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I request 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) TWO - 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: \_\_\_\_\_

\_\_\_\_\_

Applicants State Identification Number(SID): \_\_\_\_\_

Does Applicants 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 \_\_\_\_\_

District Attorney/Solicitor \_\_\_\_\_

Prosecutor Assigned to Case \_\_\_\_\_

Case/Citation/Docket Number \_\_\_\_\_

Explanation for Expungement of Record \_\_\_\_\_

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\_\_\_\_\_  
Signature of Prosecutor

\_\_\_\_\_  
Date