

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
APPLICATION FOR CERTIFICATION OF ELIGIBILITY
PLEASE TYPE OR PRINT ALL INFORMATION**

SECTION A - ALL APPLICANTS

Last Name		First Name		Middle Name	
Aliases: Maiden: Divorce		Residence Phone ()		Business Phone ()	
Date of Birth (DOB) MONTH DAY YEAR		Race	Sex	Social Security No.	
Mailing Address		City		State	Zip
Permanent Address		City		State	Zip
Arresting Agency	Date(s) of Arrest		Florida Drivers License No.		

Select One: **Expunge** **Seal** **NOTE:** For Expunction applications, the State Attorney or Statewide Prosecutor must complete Section B.

Charge(s)

1. _____

2. _____

3. _____

4. _____

I hereby certify that the information contained herein is true and correct to the best of my knowledge.

Signature _____ Date _____

NOTARY

Sworn to and subscribed before me

This _____ Day of _____, 20_____

(Signature of Notary Public)

(Print, Type, or Stamp Commissioned Name of Notary or Deputy Clerk of the Court)

Personally Known _____ or Produced Identification _____

Type of Identification Produced: _____

State Attorney/Statewide Prosecutor	County	Circuit	Reviewing Officer
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Charge(s) Description	Statute Violation	Case Number	Action
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

FOR EXPUNCTION APPLICATIONS ONLY

**SECTION B - STATE ATTORNEY
FOR EXPUNCTION APPLICATIONS ONLY**

Pursuant to s.943.0585, Fla. Stat., I certify (1)(a) that an indictment, information, or other charging document was not filed or issued in the above-referenced case; or (b) that an indictment, information, or other charging document, if filed or issued in the case, was dismissed or nolle prosequi by the state attorney or statewide prosecutor, or was dismissed by a court of competent jurisdiction prior to trial, adjudication, or the withholding of adjudication; and (2) that the criminal history record does not relate to a violation of s.393.135, s.394.4593, s.787.025, chapter 794, s.796.03, s.800.04, s.817.034, s.825.1025, s.827.071, chapter 839, s.847.0133, s.847.0135, s.847.0145, s.893.135, s.916.1075, or a violation enumerated in s.907.041, Fla. Stat., without regard to whether adjudication was withheld, where the defendant was found guilty of, or pled guilty or nolo contendere to any such offense, or where the defendant, as a minor, was found to have committed, or pled guilty or nolo contendere to committing, such an offense as a delinquent act.

My signature below indicates only that the above statutory criteria have been satisfied and does not imply an opinion that the record in question should or should not be expunged.

I certify that I have reviewed the state's/court's file in the above-referenced case and believe that this applicant is not eligible to have the criminal history record expunged for the following reason(s), pursuant to s.943.0585, Fla. Stat.:

- All charges related to the arrest or criminal activity to which this application pertains were not dismissed prior to trial, adjudication, or the withholding of adjudication, and as such, said criminal history record, if eligible, must be sealed for at least 10 years before it may be eligible to be expunged; and/or
- The criminal history record relates to a violation of s.393.135, s.394.4593, s.787.025, chapter 794, s.796.03, s.800.04, s.817.034, s.825.1025, s.827.071, chapter 839, s.847.0133, s.847.0135, s.847.0145, s.893.135, s.916.1075, or a violation enumerated in s.907.041, Fla. Stat., without regard to whether adjudication was withheld, where the defendant was found guilty of, or pled guilty or nolo contendere to any such offense, or where the defendant, as a minor, was found to have committed, or pled guilty or nolo contendere to committing, such an offense as a delinquent act; and/or
- Other reason _____

Signature _____ Title(Prosecuting Authority) _____ Date _____

Signature _____ Title(Prosecuting Authority) _____ Date _____

**SECTION C
FDLE**

Acct/Budget	Expunge/Seal Section	Expunge/Seal Section
Date Received _____	I.D.# _____ ORI _____	Date Received _____
Check _____	Certification Status Approved Denied	Date Entered _____
Processed By _____	Seal <input type="checkbox"/> <input type="checkbox"/>	Date Mailed _____
	Expunge <input type="checkbox"/> <input type="checkbox"/>	

GENERAL INSTRUCTIONS & INFORMATION:

1. **Applicable law:** Sections 943.0585 and 943.059, Florida Statutes, and Chapter 11C-7, Florida Administrative Code (FAC), govern the use of this application, for the expunction or sealing of non-judicial criminal history records by criminal justice agencies. These statutes and the implementing rules require that you obtain a **Certificate of Eligibility** from the Florida Department of Law Enforcement (FDLE) **prior** to requesting a court for an order to seal or expunge your non-judicial criminal history records, and that you provide the information required by this application process.
2. Please type or print all information, except signatures. Complete all required portions of the application and submit all required documents and the processing fee noted below, under Section A. Failure to disclose your social security number(SOC) may delay the processing time of your application **If your application is submitted without all the required information, documentation, or the processing fee, FDLE may reject your application.**
3. **Mailing information:** Mail your completed application package and fee to the following address:

**Florida Department of Law Enforcement
ATTN: Expunge/Seal Section
P.O. Box 1489
Tallahassee, Florida 32302-1489**

4. **Contact Information:** FDLE's Expunge/Seal Section – (850) 410-7870.
5. **Optional Personal Review of your Florida criminal history record:** If you have questions about what appears in your Florida criminal history record maintained by FDLE, you may wish to obtain a Personal Review of your record from FDLE, pursuant to Chapter 11C-8, FAC, before submitting this application form. The Personal Review is **optional** and is not required for FDLE to process your Application for Certification of Eligibility for expunction or sealing of your record. To obtain a Personal Review, please complete and submit the enclosed FDLE **Fingerprint form** to FDLE at the address below. If you submit the fingerprint form for your Personal Review, please **DO NOT** send in the APPLICATION or the \$75.00 processing fee **until** the Personal Review is completed; the results of your personal review may influence your decision to request the expunction or sealing of your criminal history record.

SECTION A: FOR ALL APPLICANTS

1. Complete **every part** of **SECTION A**. Make sure your **signature**, as the applicant, is **notarized**.
2. If you were given a **Notice to Appear** and not physically arrested for the charge(s), indicate the date of the Notice to Appear in the box marked "Date of Arrest."
3. **NON-REFUNDABLE Processing Fee:** Submit with your application a **money order or Cashier's check** in the amount of **\$75.00**, made payable to the Florida Department of Law Enforcement (FDLE).
4. Submit the attached **fingerprint form** with your fingerprints, as part of your application packet. **This form must be completed by authorized personnel at a law enforcement or criminal justice agency**, using **only** the attached FDLE Fingerprint form. (If you have obtained a **Personal Review**; **send the fingerprint card back** with the enclosed fingerprint form, please resubmit the same form for the Expunge/Seal "Certificate of Eligibility" application.)
5. Provide a **certified copy of the final disposition(s)** for **each** of the charges you list on your application. Dispositions can usually be obtained from the office of the Clerk of Courts in the county where you were charged. For Pretrial Intervention and other Diversion programs, a **certified letter of completion** from the State Attorney or Statewide Prosecutor may substitute for a certified disposition. If you received probation for any of the charges, you must also submit a **certified copy of the termination of your probation**.

SECTION B: FOR EXPUNCTION APPLICANTS ONLY

1. **Submit the application to the State Attorney or Statewide Prosecutor for completion of SECTION B only if you are applying to have your records EXPUNGED.** NOTE: In addition to proper completion of Section B, you must also submit the certified copies of disposition(s) and termination of probation required under Section A.

SECTION C: FOR FDLE USE ONLY

FINGERPRINTS FOR APPLICATION FOR CERTIFICATION OF ELIGIBILITY

Name:
Last _____ **First** _____ **Middle** _____

Alias(aka)
Name: Last _____ **First** _____ **Middle** _____

RACE: ___ **SEX:** ___ **DOB:** _____ * **SOC:** _____ **Place of Birth:** _____

**Please mail completed application and fingerprints to:
 FDLE, P.O. Box 1489, Tallahassee, FL 32302, Attn: Expunge/Seal Section**

Signature of official taking fingerprints: _____ **ORI:** _____

Signature of person fingerprinted: _____ **Date:** _____

1. R. Thumb	2. R. Index	3. R. Middle	4. R. Ring	5. R. Little
6. L. Thumb	7. L. Index	8. L. Middle	9. L. Ring	10. L. Little
	L. Thumb	R. Thumb	Right Four Fingers Taken Simultaneously	

- Social Security Number, this information is voluntary; failure to disclose may delay the processing time of your application.