

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
APPLICATION FOR EARLY JUVENILE EXPUNCTION

PLEASE TYPE OR PRINT ALL INFORMATION

SECTION A

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. (optional)	
Mailing Address		City		State	Zip
Permanent Address		City		State	Zip
Arresting Agency	Date(s) of Arrest		Florida Driver's License No.		
Charge(s) 1. _____ 2. _____ 3. _____ <input type="checkbox"/> I hereby certify that I am no longer under court supervision applicable to the disposition of the arrest or alleged criminal activity to which this application pertains. <input type="checkbox"/> I hereby certify that I have not been charged with or found to have committed a criminal offense, in any jurisdiction of the State of Florida or within the United States within the 5-year period before the application date. **Both boxes must be checked by the applicant** <div style="display: flex; justify-content: space-between;"> Signature _____ Date _____ </div>			NOTARY (PLEASE STAMP WITH SEAL) Sworn to and subscribed before me This ____ Day of _____, 20____ _____ (Signature of Notary Public) _____ Personally Known _____ or Produced Identification _____ Type of Identification Produced: _____		

SECTION B – STATE ATTORNEY

<div style="display: flex; justify-content: space-between; font-weight: bold;"> State Attorney County Circuit </div> <input type="checkbox"/> Approved for expunction per F.S. 943.0515(1)(b)2 <input type="checkbox"/> Not approved for expunction per F.S.943.0515 (1)(b)2 <div style="display: flex; justify-content: space-between;"> Signature _____ Title (Prosecuting Authority) _____ Date _____ </div>	<div style="display: flex; justify-content: space-between; font-weight: bold;"> State Attorney County Circuit </div> <input type="checkbox"/> Approved for expunction per F.S.943.0515(1)(b)2 <input type="checkbox"/> Not approved for expunction per F.S.943.0515(1)(b)2 <div style="display: flex; justify-content: space-between;"> Signature _____ Title (Prosecuting Authority) _____ Date _____ </div>
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**SECTION C
FDLE**

<div style="display: flex; justify-content: space-between; font-weight: bold;"> State Attorney County Circuit </div> <input type="checkbox"/> Approved for expunction per F.S. 943.0515(1)(b)2 <input type="checkbox"/> Not approved for expunction per F.S.943.0515 (1)(b)2 <div style="display: flex; justify-content: space-between;"> Signature _____ Title (Prosecuting Authority) _____ Date _____ </div>	<div style="display: flex; justify-content: space-between; font-weight: bold;"> State Attorney County Circuit </div> <input type="checkbox"/> Approved for expunction per F.S.943.0515(1)(b)2 <input type="checkbox"/> Not approved for expunction per F.S.943.0515(1)(b)2 <div style="display: flex; justify-content: space-between;"> Signature _____ Title (Prosecuting Authority) _____ Date _____ </div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> Acct/Budget Date Received _____ Check _____ Processed By _____ - _____ </td> <td style="width: 33%;"> Expunge/Seal Section I.D.# _____ ORI _____ Status Approved Denied Expunge <input type="checkbox"/> <input type="checkbox"/> </td> <td style="width: 33%;"> Expunge/Seal Section Date Received _____ Date Entered _____ Date Mailed _____ </td> </tr> </table>	Acct/Budget Date Received _____ Check _____ Processed By _____ - _____	Expunge/Seal Section I.D.# _____ ORI _____ Status Approved Denied Expunge <input type="checkbox"/> <input type="checkbox"/>	Expunge/Seal Section Date Received _____ Date Entered _____ Date Mailed _____
Acct/Budget Date Received _____ Check _____ Processed By _____ - _____	Expunge/Seal Section I.D.# _____ ORI _____ Status Approved Denied Expunge <input type="checkbox"/> <input type="checkbox"/>	Expunge/Seal Section Date Received _____ Date Entered _____ Date Mailed _____			

FINGERPRINTS FOR SEAL OR EXPUNGE APPLICATIONS

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

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

RACE: __ **SEX:** __ **DOB:** _____ *** SOCIAL SECURITY NUMBER (SSN):** _____

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

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

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

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

****FDLE has asked that you provide your social security number (SSN). The decision to provide your SSN is at your option, but failure to provide your SSN may result in a delay in processing your application or request. FDLE's request for your SSN is permitted by state law because it is imperative for the agency in the performance of its duties and responsibilities for purposes of criminal history and record accuracy and verification of your identity in updating your criminal history record, pursuant to Sections 119.071(5)(a)2.a.II, F.S., 943.051, and 943.0585, F.S. If you provide your SSN, FDLE will use it for purposes of identification as described above. The ability to share the SSN with other entities that perform identification checks for the purpose of criminal history record accuracy, such as the FBI and other state criminal history record systems, when providing additional criminal history information, is part of FDLE's duties and responsibilities, and FDLE may disclose that information to other agencies for the same purpose, pursuant to Sections 119.071(5)(a)6.b., F.S., 943.051, and 943.0585, F.S.**