

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
APPLICATION FOR JUVENILE DIVERSION EXPUNCTION  
PLEASE TYPE OR PRINT ALL INFORMATION**

**SECTION A – APPLICANT**

Last Name		First Name		Middle Name	
Other Names (Maiden Name or Alias)		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 or Detaining Agency	Date(s) of Arrest or Detention	Date of Completion of Prearrest or Postarrest Diversion Program			
Charge(s) Description					
1. _____					
2. _____					
3. _____					
4. _____					
I hereby certify that the information contained herein is true and correct to the best of my knowledge.					
Applicant Signature _____				Date _____	
Parent/Legal Guardian Signature _____ (Required if Applicant is under 18 years of age)				Date _____	

**SECTION B – STATE ATTORNEY**

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

FOR EXPUNCTION APPLICATIONS ONLY

**SECTION C  
FDLE**

I certify that the person named above has successfully completed a prearrest or postarrest diversion program in the above-named County as authorized by s.985.345 , that participation in this program was based on an arrest for a nonviolent misdemeanor (as that term is defined in s.943.0582), and that to my knowledge and based on the information available to me this person has not otherwise been charged with or found to have committed any criminal offense or comparable ordinance violation. Therefore, pursuant to s.943.0582, this person is eligible to have his or her criminal history record expunged within the intent of and as limited by s.943.0582.			Date of completion of prearrest or postarrest diversion program (To be filled in by Prosecuting Authority)		
Signature _____	Title (Prosecuting Authority) _____	Date _____	(Month) _____	(Day) _____	(Year) _____
Acct/Budget		Expunge Section		Expunge Section	
Date Received _____	Check _____	Processed By _____	I.D.# _____ ORI _____	Application Status	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
			Expunge	<input type="checkbox"/>	<input type="checkbox"/>
				Date Received _____	Date Entered _____
				Date Mailed _____	

## INSTRUCTIONS

### PLEASE TYPE OR PRINT ALL INFORMATION

#### GENERAL INFORMATION:

The laws and rules, which govern juvenile diversion expunction of criminal history record(s), include: Section 943.0582, Florida Statutes, and Chapter 11C-7009, Florida Administrative Code.

\* \* As of July 1, 2016, the requirement to submit the application within 12 months after completion of the diversion program has been repealed. There is no longer a deadline for submitting the application.

THIS IS AN APPLICATION FORM FOR JUVENILE DIVERSION EXPUNCTION (F.S. 943.0582) WHICH IS AN ADMINISTRATIVE PROCESS AND IS COMPLETED BY THE AGENCIES CONCERNED. IT DOES NOT REQUIRE FILING A PETITION WITH THE COURT, AND DOES NOT REQUIRE OR AUTHORIZE THE ISSUANCE OF A CERTIFICATE OF ELIGIBILITY BY FDLE. PLEASE CONSULT THE APPLICABLE LAW OR SEEK LEGAL ADVICE IF YOU ARE UNCERTAIN OF THE DIFFERENCES BETWEEN JUVENILE DIVERSION EXPUNCTION AND COURT-ORDERED EXPUNCTION (F.S. 943.0585), OR BETWEEN JUVENILE DIVERSION EXPUNCTION AND OTHER FORMS OF EXPUNCTION FOR WHICH YOU MAY QUALIFY.

#### (SECTION A) APPLICATION INFORMATION

In order to obtain a juvenile diversion expunction of a criminal history record, the following documents must be provided to the FDLE pursuant to s. 943.0582, F.S.

1. Complete the reverse side of this application. Section A must be completed by the applicant and signed by the applicant or the applicant's parent or legal guardian if the applicant is under 18 years of age at the time of signing.
2. The applicant must be fingerprinted by authorized personnel with a law enforcement or criminal justice agency. The enclosed FDLE Applicant Fingerprint card FD 258 must be used.
3. You must have the state attorney complete Section B, on the reverse side of this application, certifying that you have successfully completed a prearrest or postarrest diversion program that allows for the expunction of the record upon completion as authorized by s. 943.0582, F.S.
4. You should be aware that eligibility for a juvenile diversion expunction is conditioned upon successful completion of a prearrest or postarrest diversion program authorized by s. 985.345, F.S., and that the applicant's participation in the program was based on an arrest for a nonviolent misdemeanor as the term "nonviolent misdemeanor" is defined in s. 943.0582, F.S.. You should also be aware that the term "expunction" as used in s.943.0582, F.S., differs significantly in operation and effect from term "expunction" as used in s.943.0585, F.S.

#### (SECTION B) STATE ATTORNEY INFORMATION ONLY:

Section 943.0582, Florida Statutes, states that an applicant seeking a juvenile diversion expunction of a criminal history record must obtain an official written statement from the appropriate state attorney as reflected in Section B on the reverse side of this form.

#### (SECTION C) (TO BE COMPLETED BY THE FDLE ONLY)

##### MAILING INSTRUCTIONS:

Once you have completed all applicable requirements as stated above, mail this application and all documents to:

The Florida Department of Law Enforcement  
Attn: Expunge/Seal Section  
Post Office Box 1489  
Tallahassee, Florida 32302-1489

If the application is not complete or all of the necessary documents are not provided, the FDLE will return your package unprocessed. Any questions should be directed to the FDLE's Expunge Section at (850) 410-7870.

\*\* 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. If you provide your SSN, FDLE will use it for purposes of identification, and may share the information with other agencies for the same purpose pursuant to Section 119.071(5)(a)6.b., F.S. FDLE's request for your SSN is authorized by state law because it is imperative for the performance of FDLE's duties and responsibilities pursuant to Section 119.071(5)(a)2.a.II, F.S.

# FINGERPRINTS FOR APPLICATION FOR JUVENILE DIVERSION EXPUNCTION

**Name:**  
**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Alias(aka)**  
**Name: Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**RACE:** \_\_ **SEX:** \_\_ **DOB:** \_\_\_\_\_ \* **SOCIAL SECURITY NUMBER (SOC):** \_\_\_\_\_

**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: \_\_\_\_\_

<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	

- This information is voluntary, failure to disclose may delay the processing time of your application.