

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
APPLICATION FOR CERTIFICATION OF ELIGIBILITY TO EXPUNGE UNDER s. 943.0585(5) LAWFUL SELF-DEFENSE
 PLEASE TYPE OR PRINT ALL INFORMATION

SECTION A – FOR APPLICANT TO COMPLETE

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 if applicable	Date(s) of Arrest if applicable		Florida Drivers License No.		

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 (PLEASE STAMP WITH SEAL) 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: _____
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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

My signature below certifies that, with respect to the charge(s) to be expunged under s. 943.0585(5)

An information, indictment, or other charging document was not filed, or was dismissed by the prosecuting attorney or by the court, because it was found that the applicant acted in lawful self-defense pursuant to the provisions related to justifiable use of force in chapter 776.

Signature	Title (Prosecuting Authority)	Date
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Acct/Budget Date Received _____ Check _____ Processed By _____	Expunge Section I.D.# _____ ORI _____ Certification Status Approved Denied Expunge <input type="checkbox"/> <input type="checkbox"/>	Expunge Section Date Received _____ Date Entered _____ Date Mailed _____
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IMPORTANT: A CERTIFICATE OF ELIGIBILITY IS VALID FOR 12 MONTHS FROM THE DATE OF ISSUANCE. AFTER THAT TIME, A NEW CERTIFICATE MUST BE APPLIED FOR.

SECTION B – FOR STATE ATTORNEY OR STATEWIDE PROSECUTOR TO COMPLETE

**SECTION C
FDLE**

GENERAL INSTRUCTIONS & INFORMATION:

1. **Applicable law:** Section 943.0585(5), Florida Statutes, and Chapter 11C-7, Florida Administrative Code (FAC), govern the use of this application, for the expunction 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 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 (SSN) 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 Section
P.O. Box 1489
Tallahassee, Florida 32302-1489**

4. **Contact Information:** FDLE's Expunge 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 of your record. To obtain a Personal Review, please complete and submit the enclosed FDLE **Fingerprint form** and a **letter** to FDLE at the address above. If you submit the fingerprint form and a letter 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 of your criminal history record.

SECTION A: FOR APPLICANT TO COMPLETE

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**, you may re-use the **fingerprint card** submitted with the Personal Review application, by submitting with the Expunge "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.

SECTION B: FOR STATE ATTORNEY OR STATE WIDE PROSECUTOR TO COMPLETE

1. **Submit the application to the State Attorney or Statewide Prosecutor for completion of SECTION B.**

SECTION C: FOR FDLE USE ONLY

FINGERPRINTS FOR

APPLICATION FOR CERTIFICATION OF ELIGIBILITY LAWFUL SELF-DEFENSE EXPUNCTION

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:** _____

1. <u>R. Thumb</u>	2. <u>R. Index</u>	3. <u>R. Middle</u>	4. <u>R. Ring</u>	5. <u>R. Little</u>	
6. <u>L. Thumb</u>	7. <u>L. Index</u>	8. <u>L. Middle</u>	9. <u>L. Ring</u>	10. <u>L. Little</u>	
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.

DID YOU REMEMBER TO:

**Complete the application? Did you Sign and date the application in front of a notary?

Provide a certified (stamped copy) disposition of your case you want to have expunged?

Include your name, race/sex, date of birth, social security number and signature on the fingerprint form?

Provide a \$75.00 check or money order made payable to FDLE?
Did you sign and completely fill out the check or money order?

Include an Attorney's letterhead, if you (applicant) are represented by an attorney?

Make copies of your application and documents for your records?

Is Section B completed and signed by the State Attorney's Office?

FDLE asks that you provide your social security number (SSN). The decision to provide your SSN is at your option, and 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. FDLE's request for your SSN is authorized by state law because use of it is imperative for FDLE to fulfill its lawful duties and responsibilities. Your failure to provide your SSN may result in a delay in processing your application or request.