



## Florida Department of Law Enforcement Application for Personal Review or Challenge of Florida Criminal History Record

Florida and federal laws afford individuals the right to request a copy of their criminal history record for purposes of personal review, to ensure that it is accurate and complete. The requestor may examine the record and challenge any inaccurate or incomplete information. There is no charge assessed by the Florida Department of Law Enforcement (FDLE) for this service.

Personal Review applications are fingerprint based. A blank 10-print fingerprint form is provided with this application. Please have your fingerprints taken by a law enforcement or criminal justice agency and include them with this application.

**A copy of the criminal history record returned to you in response to your Personal Review request contains no demographic information and cannot be used for immigration, employment, licensing, or certification purposes.**

If you have questions or need assistance with the submission of your application, you may contact the FDLE CHRM - Arrest Maintenance Section at (850) 410-7898.

### Section 1: Applicant Information

FULL NAME

*Last* *First* *Middle*

OTHER NAMES  
USED

*Last* *First* *Middle*

*Last* *First* *Middle*

CURRENT  
MAILING  
ADDRESS

*Number and Street*

*City* *State* *Zip Code*

PERSONAL  
INFORMATION

*Date of Birth* *Sex* *Race*

*SSN (optional)* *Driver's License Number (optional)*

CONTACT  
INFORMATION

*Daytime Phone#* *Alternate Phone#*

*Email Address*

### Section 2: Request Information

Do you have a Florida criminal history record?

If **YES**, what is your 8-digit State Identification (SID) Number? (optional) \_\_\_\_\_

What is the reason for your Personal Review Request? \_\_\_\_\_

Did you find any portion of your Florida criminal history record to be incorrect or incomplete? \_\_\_\_\_

If **YES**, have you already contacted the appropriate arresting agency or court to correct the incorrect or incomplete information?\* \_\_\_\_\_

List the name of the agency \_\_\_\_\_

*\*If any documentation was provided to you by the agency, please include a copy with this application.*

**List specific dates of arrest/incident and explain what you found to be incorrect or incomplete.**

Use additional pages if needed.

Date of Arrest	Explanation
1.	
2.	
3.	
4.	
5.	

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

MAIL YOUR COMPLETED APPLICATION AND FINGERPRINT CARD TO:

**Florida Department of Law Enforcement**

Post Office Box 1489

Tallahassee, FL 32302-1489

Attn: CHRM - Arrest Maintenance

An application for Personal Review of a Florida criminal history may take up to 30-45 working days for FDLE to process and respond back. If you need a copy immediately, you may wish to perform a name-based public records request online for \$24 by going to [www.fdle.state.fl.us](http://www.fdle.state.fl.us) or calling Criminal History Services at (850) 410-8161.

This application will not include a review of Florida's wanted persons file, criminal history files for states other than Florida, or the federal database. To obtain a fingerprint based Federal Identity History Summary Check visit <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks> or submit a written request, completed fingerprint card, and an \$18.00 certified check or money order payable to the *Treasury of the United States*, directly to the FBI at the following address:

FBI CJIS Division - Summary Request  
1000 Cluster Hollow Road  
Clarksburg, WV 26306

# Fingerprints for Florida Department of Law Enforcement Personal Review of Florida Criminal History Record

<b>APPLICANT</b> <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME    NAM                      FIRST NAME                      MIDDLE NAME										FBI                      LEAVE BLANK					
FD-258 (REV.3-1-10) 1110-0046 SIGNATURE OF PERSON FINGERPRINTED		ALIASES AKA		O R I												DATE OF BIRTH    DOB Month    Day    Year			
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP CTZ		SEX		RACE		HGT.		WGT.		EYES		HAIR		PLACE OF BIRTH    POB			
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. OCA		LEAVE BLANK													
EMPLOYER AND ADDRESS		FBI NO. FBI		ARMED FORCES NO. MNU		CLASS _____  REF. _____													
REASON FINGERPRINTED		SOCIAL SECURITY NO. SOC		MISCELLANEOUS NO. MNU															

  

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	

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

**FDLE will also accept fingerprints taken on an agency provided applicant fingerprint card.**

**\*\*\*Law enforcement officer or agency designee: Please remember to sign and date the fingerprint card. Also, please provide your ORI number or agency stamp.**