

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** 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 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

**REASONS AN APPLICATION FOR CERTIFICATE OF ELIGIBILITY TO SEAL OR
EXPUNGE A CRIMINAL HISTORY RECORD WILL BE DENIED**

Pursuant to Sections s.943.0585 and s.943.059, Florida Statutes, a Certificate of Eligibility to expunge or seal a criminal history record **cannot** be issued under any of the following circumstances:

1. The criminal history record reflects that you have been adjudicated guilty of a criminal offense or comparable ordinance violation or adjudicated delinquent for committing any felony or a misdemeanor specified in s.943.051(3)b. **Certain driving violations are classified as criminal, such as DUI, reckless driving, and (with some exceptions) driving while license is suspended/canceled/revoked.**
2. The criminal history record reflects that you have been adjudicated guilty of or adjudicated delinquent for committing one or more of the acts stemming from the arrest or alleged criminal activity to which the application pertains.
3. The criminal history record reflects that you have received a prior sealing or expunction of a criminal history record under s.943.0585, s.943.059, former s.893.14, former s.901.33, former s.943.058, or from any jurisdiction outside the state.
4. The criminal history record to which the application pertains relates to a violation of s. 393.135, s. 394.4593, s.787.025, chapter 794, s.796.03, s.800.04, s.810.14, 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, a violation enumerated in s.907.041, or a violation of any offense qualifying for registration as a sexual predator under s.775.21 or for registration as a sexual offender under s.943.0435, Fla. Stat., with a finding of guilt, or a plea or guilty or nolo contendere (without regard to whether adjudication was withheld).
5. The criminal history record reflects that you have another petition to seal or expunge pending before a court of competent jurisdiction.
6. The criminal history record reflects that the court supervision applicable to the disposition of the arrest or alleged criminal activity to which the application pertains has not been completed.
7. **[For expunction only]** The criminal history record reflects that some or all of the charges related to the arrest or criminal activity to which the application pertains were not dismissed prior to trial, adjudication, or the withholding of adjudication, If no other disqualification applies, the record would be eligible to be sealed.

PLEASE NOTE: The Governor and Cabinet of Florida, acting in the capacity of the Board of Executive Clemency, declared on June 10, 1999, that the granting of a full pardon does not remove any condition of ineligibility for sealing or expunging a criminal history record which would otherwise be imposed by a conviction or withholding of adjudication pursuant to Sections 943.0585 and 943.059, Florida Statutes, and, acting in the capacity of agency head of the Department of Law Enforcement, the Board directed FDLE to deny a Certificate of Eligibility to any person receiving a pardon who is otherwise ineligible for the sealing or expunging of the person's criminal history record.

DISQUALIFYING CHARGES FOR EXPUNCTION/SEALING

A request for a certificate of eligible for an expunction or sealing of a criminal history record will be denied if the defendant was found guilty or pled guilty or nolo contendere, even if the adjudication was withheld, on any violation of the following:

Offenses listed in S.907.041, F.S.

1. Arson
2. Aggravated Assault
3. Aggravated Battery
4. Illegal use of explosives
5. Child abuse or Aggravated Child Abuse
6. Abuse of an elderly person or disabled adult, or aggravated abuse of an elderly person or disabled adult
7. Aircraft piracy
8. Kidnapping
9. Homicide
10. Manslaughter
11. Sexual Battery
12. Robbery
13. Carjacking
14. Lewd, lascivious, or indecent assault or act upon or in the presence of a child under the age of 16 years
15. Sexual activity with a child, who is 12 years of age or older but less than 18 years of age, by or at solicitation of a person in familial or custodial authority
16. Burglary of a dwelling
17. Stalking of Aggravated Stalking
18. Act of Domestic Violence, as defined in **s.741.28**
19. Home-invasion Robbery
20. Act of Terrorism as defined by s.775.30
21. Attempting or conspiring to commit any of the above crimes
22. Manufacturing any substances in violation of chapter 893

S.393.135, F.S.

Sexual misconduct with developmentally disabled person and related offenses

S.394.4593, F.S.

Sexual misconduct with mentally ill person and related offenses

S.787.025, F.S.

Luring or enticing a child

Chapter 794, F.S.

Sexual Battery and related offense

S.796.03, F.S.

Procuring person under 18 for prostitution

S.800.04, F.S.

Lewd or lascivious offenses committed upon or in the presence of persons less than 16 years of age

S.810.14, F.S.

Voyeurism

S.817.034, F.S.

Florida Communication Fraud Act

(Scheme to Defraud or Organized Fraud, as defined in s.817.034, F.S.)

S.825.1025, F.S.

Lewd or lascivious offense upon or in presence of elderly person or disabled adult

S.827.071, F.S.

Sexual performance by a child

Chapter 839, F.S.

Offenses by Public Officers and Employees

S.847.0133, F.S.

Showing, etc., obscene literature to minor

S.847.0135, F.S.

Computer pornography

S.847.0145, F.S.

Selling or buying of minors

S.893.135, F.S.

Trafficking in controlled substances

S.916.1075

Sexual misconduct with mentally deficient or mentally ill defendant and related offenses

A violation of any offense qualify for registration as a sexual predator under **s.775.21** or for registration as a sexual offender under **s.943.0435**.

All references are from Florida Statutes

**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.

<p style="text-align: center;">Charge(s)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>I hereby certify that the information contained herein is true and correct to the best of my knowledge.</p> <p>Signature _____ Date _____</p>	<p style="text-align: center;">NOTARY (PLEASE STAMP WITH SEAL)</p> <p>Sworn to and subscribed before me</p> <p>This ____ Day of _____, 20____</p> <p>_____ (Signature of Notary Public)</p> <p>_____ (Print, Type, or Stamp Commissioned Name of Notary or Deputy Clerk of the Court)</p> <p>Personally Known ____ or Produced Identification ____</p> <p>Type of Identification Produced: _____</p>
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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

SECTION B - STATE ATTORNEY FOR EXPUNCTION APPLICATIONS ONLY

<p>If one of the paragraphs below is checked, my signature below indicates that, based on the disposition of all charges related to the above-referenced case, that case is eligible to be expunged, if the applicant is otherwise eligible to have his or her record expunged under law. My signature does not imply that the applicant has satisfied all other statutory eligibility criteria, or that this Office would not oppose a petition to expunge the above-referenced case. By checking paragraph 1, 2, or 3, I certify that the above-referenced case is presently eligible to be expunged, assuming that the applicant is otherwise eligible, because:</p> <p><input type="checkbox"/> 1. An indictment, information, or other charging document was not filed or issued in the case; OR</p> <p><input type="checkbox"/> 2. 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; OR</p> <p><input type="checkbox"/> 3. (a) None of the charges (acts) related to the arrest or alleged criminal activity to which the application for certificate of eligibility to expunge pertains resulted in an adjudication of guilt or of delinquency; AND (b) The record of the arrest or alleged criminal activity to which the application for certificate of eligibility to expunge pertains has been sealed for at least 10 years; AND (c) None of the charges (if any) for which adjudication of guilt or of delinquency was withheld relates to a violation of s. 393.135, s. 394.4593, s. 787.025, chapter 794, s. 796.03, s. 800.04, s. 810.14, 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, a violation enumerated in s. 907.041, or any violation specified as a predicate offense for registration as a sexual predator pursuant to s. 775.21, without regard to whether that offense alone is sufficient to require such registration, or for registration as a sexual offender pursuant to s. 943.0435.</p> <p>Signature _____ Title(Prosecuting Authority) _____ Date _____</p>	<p>The above-referenced case is not eligible to be expunged because:</p> <p><input type="checkbox"/> One or more of the charges (acts) related to the arrest or alleged criminal activity to which the application for certificate of eligibility to expunge pertains resulted in an adjudication of guilt or of delinquency;</p> <p>OR, BECAUSE OF ONE OR MORE OF THE FOLLOWING REASONS:</p> <p><input type="checkbox"/> The record of the arrest or alleged criminal activity to which the application for certificate of eligibility to expunge pertains has not been sealed for at least 10 years;</p> <p><input type="checkbox"/> One or more of the charges for which an adjudication of guilt or of delinquency was withheld relate to a to a violation of s. 393.135, s. 394.4593, s. 787.025, chapter 794, s. 796.03, s. 800.04, s. 810.14 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, a violation enumerated in s. 907.041, or any violation specified as a predicate offense for registration as a sexual predator pursuant to s. 775.21, without regard to whether that offense alone is sufficient to require such registration, or for registration as a sexual offender pursuant to s. 943.0435;</p> <p><input type="checkbox"/> Records available to this Office disclose some other ground of statutory ineligibility (e.g., adjudication of guilt in a different case; previous expunction or sealing).</p> <p>Signature _____ Title(Prosecuting Authority) _____ Date _____</p>
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**SECTION C
FDLE**

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

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.

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
Left Four Fingers Taken Simultaneously		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.

IN THE CIRCUIT COURT OF THE
JUDICIAL CIRCUIT, IN AND FOR
COUNTY, FLORIDA

CASE #: _____

STATE OF FLORIDA,

SPN #: _____

vs.

Name of Defendant/Petitioner

Current Mailing Address

City/State/Zip

Home Phone / Work Phone

PETITION TO EXPUNGE

The defendant/petitioner, _____, by and through the undersigned attorney, petitions this court, pursuant to Florida Rule of Criminal Procedure 3.692 and Section 943.0585, Florida Statutes, to expunge all criminal history record information in the custody of any criminal justice agency and the official records of the court concerning the defendant/petitioner's arrest on the ____ day of _____, _____, by the _____ (arresting agency), for _____ (charges), and as grounds therefore shows:

1. The full name and address of the defendant/petitioner at the time of the arrest was:

_____.
2. The defendant/petitioner is a _____ (race) _____ (sex), whose date of birth is _____.
3. The defendant/petitioner has not been adjudicated guilty of any of the charges stemming from this arrest or alleged criminal activity.

4. The defendant/petitioner has not been previously adjudicated guilty of a criminal offense or a comparable ordinance violation.
5. The defendant/petitioner has not secured a prior records expunction or sealing under Section 943.0585, or 943.059, Florida Statutes; former section 943.058, Florida Statutes; former section 893.14, Florida Statutes; former section 901.33, Florida Statutes; or any other law, rule, or authority.
6. Such record has been sealed under section 943.059, Florida Statutes; former section 943.058, Florida Statutes; former section 893.14, Florida Statutes; or former section 901.33, Florida Statutes, for at least 10 years; or there has not been an indictment or information filed against the defendant/petitioner who is the subject of this criminal history record information; or an indictment or information filed against the defendant/petitioner who is the subject of this criminal history information was dismissed by the prosecutor or the court.

WHEREFORE, the defendant/petitioner moves to expunge any criminal history record information and any official court records regarding the arrest by the _____ (arresting agency), for _____ (charges), on the _____ day of _____, _____.

I HEREBY CERTIFY that a true and correct copy of the foregoing pleading has been served on the following prosecuting authority (check one): _____ State Attorney for the _____ Judicial Circuit; _____ Special Prosecutor; or _____ Statewide Prosecutor; and the _____ (arresting agency); the _____ (sheriff of county where defendant/petitioner was arrested, if different); and the Florida Department of Law Enforcement, this _____ day of _____, _____.

 Defendant/Petitioner Signature

IN THE CIRCUIT COURT OF THE
JUDICIAL CIRCUIT, IN AND
FOR COUNTY, FLORIDA

STATE OF FLORIDA,

CASE #: _____

vs.

SPN #: _____

Name of Defendant/Petitioner

Current Mailing Address

City/State/Zip

Home Phone / Work Phone

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF LEON

I, _____, am the defendant/petitioner in the above-styled case and I do hereby swear or affirm that:

1. I fully understand the meaning of all of the terms of this affidavit.
2. I have never been adjudicated guilty of a criminal offense or a comparable ordinance violation.
3. I was arrested on the _____ day of _____, _____, by the _____ (arresting agency), and I have not been adjudicated guilty of the charges stemming from that arrest or the alleged criminal activity surrounding my arrest.
4. I am eligible for the relief requested, to the best of my knowledge and belief, and do not have any other petitions to expunge or seal pending before any court.
5. I have never secured a prior records expunction or sealing under any law.
6. My record of arrest for this date has been sealed for at least 10 years; **or** an indictment or information was not filed against me for the above criminal transaction; **or** an indictment or information filed against me was dismissed by the prosecutor or the court.

Defendant/Petitioner

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Public/Deputy Clerk
My Commission Expires:

Print/Type Notary/Deputy Clerk Name

_____ Personally known or _____ Produced ID Type of ID Produced _____

IN THE CIRCUIT COURT OF THE FIRST
JUDICIAL CIRCUIT, IN AND FOR
COUNTY, FLORIDA

CASE #: _____

STATE OF FLORIDA,

SPN #: _____

vs.

Arrest Agency Case #: _____

Name of Defendant/Petitioner

Date of Birth

Current Mailing Address

City/State/Zip

**ORDER TO EXPUNGE PURSUANT TO SECTION 943.0585, FLORIDA STATUTES,
and FLORIDA RULE OF CRIMINAL PROCEDURE 3.692**

THIS CAUSE was considered upon a petition to expunge certain records of the defendant/petitioner's arrest on the _____ day of _____, _____, by the _____ (arresting agency), for _____ (charges).

Having reviewed the record and/or having heard argument of the defendant/petitioner or counsel and being otherwise fully advised in the premises, the court finds the following:

1. The defendant/petitioner has never previously been adjudicated guilty of a criminal offense or a comparable ordinance violation.
2. The defendant/petitioner was not adjudicated guilty of charges stemming from the arrest of criminal activity to which this expunction petition pertains.
3. The defendant/petitioner has not secured a prior records expunction or sealing.
4. This record has either been sealed for at least 10 years; **or** no indictment or information was ever filed in this case against the petitioner; **or** the prosecutor or the court dismissed an indictment or information filed against the defendant.

THEREFORE, it is

ORDERED and ADJUDGED that the petition to expunge is granted. All court records pertaining to the above-styled case shall be sealed in accordance with the procedures set forth in the Florida Rule of Criminal Procedure 3.692.

ORDERED and ADJUDGED that the clerk of this court shall forward a certified copy of this order to the prosecuting authority (check one): _____ State Attorney of the _____ Judicial Circuit; _____ Special Prosecutor; or _____ Statewide Prosecutor, and _____ the arresting agency and the Sheriff of _____ County, all of whom will comply with the procedures set forth in section 943.0585, Florida Statutes, and appropriate regulations of the Department of Law Enforcement, and all of whom will forward a copy of this order to any agency that their records reflect has received the instant criminal history record information.

ORDERED and ADJUDGED that the _____ (arresting agency) shall expunge all information concerning indicia of arrest or criminal history record information regarding this defendant/petitioner in accordance with the procedures set forth in section 943.0585, Florida Statutes, and Florida Rule of Criminal Procedure 3.692.

ORDERED and ADJUDGED that all costs of certified copies involved herein are to be paid by the _____.

DONE and ORDERED at _____, _____ County, Florida this _____ day of _____, _____.

CIRCUIT JUDGE

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 sealed/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?
- For Expunge Applicants only: Is Section B completed and signed by the State Attorney's Office?
- For Juvenile Expunge Applicants only: 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.