

**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. (optional)	
Mailing Address		City		State	Zip
Permanent Address		City		State	Zip
Arresting Agency		Date(s) of Arrest		Florida Driver's License No.	

Select One: <input type="checkbox"/> Expunge <input type="checkbox"/> Seal NOTE: For Expunction applications, the State Attorney or Statewide Prosecutor must complete Section B.	
<p align="center">Charge(s)</p> 1. _____ 2. _____ 3. _____ 4. _____ I hereby certify that the information contained herein is true and correct to the best of my knowledge. Signature _____ Date _____	<p align="center">NOTARY (PLEASE STAMP WITH SEAL) Sworn to and subscribed before me</p> 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: _____

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

<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</p> <p>(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</p> <p>(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>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 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>
Signature _____ Title(Prosecuting Authority) _____ Date _____	Signature _____ Title(Prosecuting Authority) _____ Date _____

SECTION B - STATE ATTORNEY ONLY
FOR EXPUNCTION APPLICATIONS ONLY

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

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
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: _____

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 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.**