

**GEORGIA BUREAU OF INVESTIGATION
GEORGIA CRIME INFORMATION CENTER
AGENCY INSTRUCTIONS FOR REQUEST TO RESTRICT (EXPUNGE) ARREST RECORD
For Arrests Prior to 07/01/2013**

1. O.C.G.A. §35-3-37 provides for the restriction of certain criminal history records for non-criminal justice purposes when approved by the prosecuting attorney.
 - For arrests prior to July 1, 2013 the applicant is required to apply for restriction at the arresting agency. Arresting agencies may require a processing fee not to exceed \$50.00 as authorized per §35-3-37.
 - The REQUEST TO RESTRICT ARREST RECORD is a three section (page) form.
 - **Section One** is completed by the applicant. Each request form may contain only one (1) Date of Arrest (there may be multiple charges for that arrest).
 - **Section Two** is completed by the arresting agency. The entire form is forwarded to the prosecutor for approval/denial.
 - **Section Three** is completed by the prosecutor. If approved, the prosecutor may enter the appropriate disposition restriction code using the GCIC CCH User Interface and notify the applicant that the restriction is complete. The arresting agency will receive a notification from GCIC that the record has been restricted. ***If the prosecutor enters the restriction in the CCH User Interface the application and fee should not be forwarded to GCIC.***
 - If the prosecutor does not have access to the CCH User Interface, the application may be returned to the arresting agency.
 - The arresting agency should advise the applicant to forward the *approved* application to GCIC including the GCIC processing fee. Incomplete applications or those missing the required fee will not be processed and will be returned to the applicant. Do not forward the restriction application to GCIC if the request is denied by the prosecutor.
 - Applicants may send the approved Request to Restrict Arrest Record form and \$25.00 fee (money order or certified check payable to “Georgia Bureau of Investigation”) to:

**Georgia Crime Information Center
Record Restrictions
P.O. Box 370808
Decatur, Georgia 30037-0808**

- GCIC will send an email notification to the applicant email address listed on Page 1 of the application when the restriction has been applied to the Georgia criminal history. GCIC does not mail notifications or provide copies of an approved Request to Restrict Arrest Record application.
 - To check the status of a request, contact the GCIC CCH/Identification Services Helpdesk at (404) 244-2639, Option 1 or email gacriminalhistory@gbi.ga.gov
2. For arrests occurring July 1, 2013 or later, there is no application process. The prosecutor may approve the restriction at the time of sentencing. If restriction is approved upon sentence completion, it should be noted in the sentencing documentation forwarded to the court.
 3. When the restriction has been applied to the Georgia criminal history, access to that specific arrest cycle is restricted for non-criminal justice purposes (Employment/Licensing). However, such information may be available through other sources. GCIC has no control over information provided by local agencies or private vendors.

REQUEST TO RESTRICT ARREST RECORD Prior to 07/01/2013

O.C.G.A. §35-3-37

One (1) Date of Arrest per Request

GBI Use Only

Money Order _____
Certified Check _____
GBI Reference # _____

SECTION ONE - APPLICANT INFORMATION

(Completed by Applicant)

Name: _____

Date of Birth: _____ Race: _____ Sex: _____

Social Security Number: _____

Telephone Number: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Arresting Agency: _____

Date of Arrest: _____

Offense(s) Arrested For: _____

Sections One and Two of this form must be completed in their entirety before request may be submitted to the Prosecuting Attorney's Office.

I request the arrest record information (Date of Arrest and associated charges) described above pertaining to me be restricted from the record(s) of the arresting agency pursuant to the provisions of O.C.G.A. 35-3-37.

Signature: _____ Date: _____



Office of the Sheriff Henry County

Keith McBrayer, SHERIFF

GCIC Consent Form Georgia Crime Investigation Center

I hereby authorize _____
to receive any GEORGIA criminal history record information pertaining to me
which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (PRINT)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

County of Residence noted on ID

Special Employment Provisions (check if applicable):

- Employment w/ mentally disabled Employment w/ elder care
 Employment w/ children

Notary Public's Acknowledgement

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

Signature and Seal or Stamp of Notary Public

Date my Commission Expires

Printed Name of Notary Public

Telephone # and Area Code of Notary Public

Street Address of Notary Public

City, State and Zip Code of Notary Public