

GEORGIA BUREAU OF INVESTIGATION  
GEORGIA CRIME INFORMATION CENTER  
AGENCY INSTRUCTIONS FOR REQUEST TO RESTRICT (EXPUNGE)

ARREST RECORD for Arrests After 07/01/2013

1. 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.
2. 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.
3. For restrictions requested after sentencing the defendant may fill-out the proper forms and submit them to the prosecuting attorney.
4. Once the prosecuting attorney completes the form they will forward it to the Clerk of Court.
5. The Clerk of Court will enter the information and transmit to GCIC.

# REQUEST TO RESTRICT ARREST RECORD

One (1) Date of Arrest per Request  
After Arrest Date July 1, 2013  
(May take up to 60 days to process)  
*(Print form to complete)*

## 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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_

Offense(s) Arrested For: \_\_\_\_\_

\_\_\_\_\_

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.G.C.A. 35-3-37.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION TWO – PROSECUTING ATTORNEY**

(Completed by Prosecuting Attorney)

Date Request Received: \_\_\_\_\_

Judicial Circuit/County: \_\_\_\_\_

Prosecuting Agency ORI Number: \_\_\_\_\_

District Attorney/Solicitor: \_\_\_\_\_

Prosecutor Assigned to Case: \_\_\_\_\_

Case/Citation/Docket Number: \_\_\_\_\_

**Please select one of the following actions:**

\_\_\_\_\_ Approved – Record Restriction Meets Statutory Requirements

\_\_\_\_\_ Approved – No Further Action Anticipated

\_\_\_\_\_ No Information Available: Record Restriction Approved

\_\_\_\_\_ No Information Available: Record Restriction Denied

\_\_\_\_\_ Denied – Restriction Does Not Meet Statutory Requirements

Prosecutor Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_