



**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
APPLICATION FOR CERTIFICATION OF ELIGIBILITY
PLEASE TYPE OR PRINT ALL INFORMATION**

SECTION A - ALL APPLICANT

Last Name		First Name		Middle Name	
Alias Last Name (Maiden, Divorce, etc.) (More names on page 2)		Alias First Name (Maiden, Divorce, etc.)		Alias Middle Name (Maiden, Divorce, etc.)	
Date of Birth (MM/DD/YYYY)	Race	Sex		Social Security No.(optional)	
Residence Phone ()			Business Phone ()		
Mailing Address				City	State Zip
Permanent Address				City	State Zip
Arresting Agency	Florida Driver's License No.	Email Address			

Request Type Expunge **NOTE:** For Expunction applications, the State Attorney or Statewide Prosecutor must complete Section B.

<p>Date(s) of Arrest Charge(s) (add additional dates of arrest/charges on page 2)</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>NOTARY (PLEASE STAMP WITH SEAL) 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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FOR EXPUNCTION APPLICATION ONLY

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

SECTION B - STATE ATTORNEY FOR EXPUNCTION APPLICATION ONLY

<p>If one of 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 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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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.

SECTION A - SUPPLEMENTAL INFORMATION
FOR SEAL/EXPUNGE

Last Name		First Name		Middle Name	
Date of Birth (MM/DD/YYYY)	Race		Sex	Social Security No.(optional)	

Aliases:(Maiden, Divorce, etc.)

	Last Name	First Name	Middle Name
1.			
2.			
3.			
4.			

Additional Charges

	Date of Arrest	Charge Details
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		