

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
APPLICATION FOR EARLY JUVENILE EXPUNCTION**

PLEASE TYPE OR PRINT ALL INFORMATION

SECTION A

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.		
<p align="center">Charge(s)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p><input type="checkbox"/> I hereby certify that I am no longer under court supervision applicable to the disposition of the arrest or alleged criminal activity to which this application pertains.</p> <p><input type="checkbox"/> I hereby certify that I have not been charged with or found to have committed a criminal offense, in any jurisdiction of the State of Florida or within the United States within the 5-year period before the application date.</p> <p>**Both boxes must be checked by the applicant**</p> <p>Signature _____ Date _____</p>			<p align="center">NOTARY (PLEASE STAMP WITH SEAL) Sworn to and subscribed before me</p> <p>This ____ Day of _____, 20 ____</p> <p>_____</p> <p align="center">(Signature of Notary Public)</p> <p>_____</p> <p>Personally Known ____ or Produced Identification ____ Type of Identification Produced: _____</p>		

SECTION B – STATE ATTORNEY

<p>State Attorney County Circuit</p> <p>_____</p> <p><input type="checkbox"/> Approved for expunction per F.S. 943.0515(1)(b)2 <input type="checkbox"/> Not approved for expunction per F.S.943.0515 (1)(b)2</p> <p>Signature Title (Prosecuting Authority) Date</p>	<p>State Attorney County Circuit</p> <p>_____</p> <p><input type="checkbox"/> Approved for expunction per F.S.943.0515(1)(b)2 <input type="checkbox"/> Not approved for expunction per F.S.943.0515(1)(b)2</p> <p>Signature Title (Prosecuting Authority) Date</p>
<p>State Attorney County Circuit</p> <p>_____</p> <p><input type="checkbox"/> Approved for expunction per F.S. 943.0515(1)(b)2 <input type="checkbox"/> Not approved for expunction per F.S.943.0515 (1)(b)2</p> <p>Signature Title (Prosecuting Authority) Date</p>	<p>State Attorney County Circuit</p> <p>_____</p> <p><input type="checkbox"/> Approved for expunction per F.S.943.0515(1)(b)2 <input type="checkbox"/> Not approved for expunction per F.S.943.0515(1)(b)2</p> <p>Signature Title (Prosecuting Authority) Date</p>

**SECTION C
FDLE**

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