



FLORIDA DEPARTMENT OF LAW ENFORCEMENT
APPLICATION FOR CERTIFICATION OF ELIGIBILITY TO EXPUNGE UNDER s.943.0585(5) LAWFUL SELF-DEFENSE
PLEASE TYPE OR PRINT ALL INFORMATION

Form with fields: Last Name, First Name, Middle Name, Alias Last Name, Alias First Name, Alias Middle Name, Date of Birth, Race, Sex, Social Security No., Residence Phone, Business Phone, Mailing Address, Permanent Address, Arresting Agency, Florida Driver's License No., Email Address.

SECTION A

Notary section with fields: Date(s) of Arrest, Charge(s), NOTARY (PLEASE STAMP WITH SEAL), Sworn to and subscribed before me, 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: ___, Signature, Date.

SECTION B - FOR STATE ATTORNEY OR STATEWIDE PROSECUTOR TO COMPLETE

FOR EXPUNCTION APPLICATION ONLY
State Attorney/Statewide Prosecutor, County, Circuit, Reviewing Officer

Table with 4 columns: Charge(s) Description, Statute Violation, Case Number, Action. Rows 1-4.

My signature below certifies that, with respect to the charge(s) to be expunged under s.943.0585(5)
An information, indictment, or other charging document was not filed, or was dismissed by the prosecuting attorney or by the court, because it was found that the applicant acted in lawful self-defense pursuant to the provisions related to justifiable use of force in chapter 776.
Signature, Title(Prosecuting Authority), Date

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 EXPUNGE UNDER s.943.0585(5) LAWFUL SELF-DEFENSE

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.		

GENERAL INSTRUCTIONS & INFORMATION:

- 1. Applicable Law: Sections 943.0585(5), Florida Statutes, and Chapter 11C-7, Florida Administrative Code (FAC), govern the use of this application, for the expunction or sealing of non-judicial criminal history records by criminal justice agencies. These statutes and the implementing rules require that you obtain a **Certificate of Eligibility** from the Florida Department of Law Enforcement (FDLE) **prior** to requesting a court for an order to expunge your non-judicial criminal history records, and that you provide the information required by this application process.**
- 2. Please type or print all information, except signatures. Complete all required portions of the application and submit all required documents and the processing fee noted below, under Section A. Failure to disclose your social security number (SSN) may delay the processing time of your application. **If your application is submitted without all the required information, documentation, or the processing fee, FDLE may reject your application.****
- 3. Mailing Information:** Mail your completed application package and fee to the following address:

**Florida Department of Law Enforcement
ATTN: Expunge Section
P.O. BOX 1489
Tallahassee, Florida 32302-1489**
- 4. Contact Information:** FDLE's Expunge/Seal Section - (850) 410-7870.
- 5. Optional Personal Review of your Florida Criminal History Record:** If you have questions about what appears in your Florida criminal history record maintained by FDLE, you may wish to obtain a Personal Review of your record from FDLE, pursuant to Chapter 11C-8, FAC, before submitting this application form . The Personal Review is **optional** and is not required for FDLE to process your Application for Certification of Eligibility for expunction of your record. To obtain a Personal Review, please complete and submit the enclosed FDLE **fingerprint form** and a **letter** to FDLE at the address above. If you submit the fingerprint form and a letter for your Personal Review, please **DO NOT** send in the APPLICATION or the \$75.00 processing fee until the Personal Review is completed; the results of your personal review may influence your decision to request the expunction of your criminal history record.

SECTION A: FOR APPLICANT TO COMPLETE

- 1. Complete every part of SECTION A. Make sure your signature, as the applicant, is notarized.**
- 2. If you were given a **Notice to Appear** and not physically arrested for the charge(s), indicate the date of the Notice to Appear in the box marked "Date of Arrest."**
- 3. NON-REFUNDABLE Processing Fee:** Submit with your application a **money order or Cashier's check** in the amount of **\$75.00**, made payable to the Florida Department of Law Enforcement (FDLE).
- 4. Submit the attached **fingerprint form** with your fingerprints, as part of your application packet. **This form must be completed by authorized personnel at a law enforcement or criminal justice agency**, using **only** the attached FDLE fingerprint form. (If you have obtained a **Personal Review**, you may **re-use the fingerprint card** submitted with the Personal Review application, by submitting with the Expunge "Certificate of Eligibility" application.)**
- 5. Provide a **certified copy of the final disposition(s)** for **each** of the charges you list in your application. Dispositions can usually be obtained from the office of the Clerk of Courts in the county where you were charged. For pretrial intervention and other diversion programs, a **certified letter of completion** from the State Attorney or Statewide Prosecutor may substitute for a certified disposition, if the final disposition is included on the letter.**

SECTION B: FOR STATE ATTORNEY OR STATE WIDE PROSECUTOR TO COMPLETE

- 1. Submit the application to the State Attorney or Statewide Prosecutor for completion of SECTION B.**

**FINGERPRINTS FOR
APPLICATION FOR CERTIFICATION OF ELGIBILITY LAWFUL SELF-DEFENSE EXPUNCTION**

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

** This information is voluntary; failure to disclose may delay the processing time of your application.

DID YOU REMEMBER TO:

****Complete the application? Did you sign and date the application in front of a notary?**

Provide a certified (stamped copy) disposition of the case you want to have expunged?

Include your name, race/sex, date of birth, social security number (optional) and signature on the fingerprint form?

Provide a \$75.00 check or money order made payable to FDLE? Did you sign and completely fill out the check or money order?

If you (applicant) are represented by an attorney, did you include your attorney's letterhead?

Make copies of your application and documents for your records?

If applying for an expungement, is Section B completed and signed by the State Attorney's Office?

FDLE asks that you provide your social security number (SSN). The decision to provide your SSN is at your option, and if you provide your SSN, FDLE will use it for purposes of identification, and may share the information with other agencies for the same purpose. FDLE's request for your SSN is authorized by state law because use of it is imperative for FDLE to fulfill its lawful duties and responsibilities. Your failure to provide your SSN may result in delay in processing your application or request.