



FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
APPLICATION FOR A CERTIFICATE OF ELIGIBILITY FOR  
**LAWFUL SELF-DEFENSE EXPUNCTION (s. 943.0578, F.S.)**

Last Name		First Name		Middle Name	
Alias Last Name(s)		Alias First Name(s)		Alias Middle Name(s)	
Date of Birth (MM/DD/YYYY)	Race	Sex	Phone (       )	Social Security No. (optional)	
Mailing Address			City	State	Zip
Permanent Address			City	State	Zip
Florida Driver's License No.			Email Address		

**Arresting Agency:**

Date(s) of Arrest	Charge(s) Description
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

I hereby certify that the information contained herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**NOTARY**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print/Type/Stamp Commissioned Name of Notary or Deputy Clerk of the Court

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_ Type of Identification Produced: \_\_\_\_\_

## WRITTEN CERTIFIED STATEMENT

### EXPUNCTION APPLICATIONS ONLY

\*Page 1 and 2 of this application must be submitted to the state attorney/statewide prosecutor's office.\*

Name (Last, First Middle)	DOB (MM/DD/YYYY)	Phone
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**\*The section below must be completed by the state attorney/statewide prosecutor.\***

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

My signature below certifies that, with respect to the charge(s) to be expunged under s. 943.0578, F.S., "an information, indictment, or other charging document was not filed or was dismissed by the state attorney, or dismissed by the court, because it was found that the person acted in lawful self-defense pursuant to chapter 776."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title (Prosecuting Authority)

# FINGERPRINTS FOR APPLICATION FOR CERTIFICATION OF ELIGIBILITY

**Name:**  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Alias/AKA Name(s):**  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**RACE:** \_\_\_\_ **SEX:** \_\_\_\_ **DOB:** \_\_\_\_ **\*SOC:** \_\_\_\_ **Place of Birth:** \_\_\_\_\_

**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

\*Social Security Number: This information is voluntary; however, failure to disclose may delay the processing time of your application.

\*\*Fingerprints must be taken at a law enforcement entity. Agency stamp can substitute for ORI.

# GENERAL INFORMATION

1. **Applicable Law:** Section 943.0578, Florida Statutes (F.S.), govern the use of this application, for the expunction of a criminal history record where “an information, indictment, or other charging document was not filed or was dismissed by the state attorney, or dismissed by the court, because it was found that the person acted in lawful self-defense pursuant to chapter 776.” This statute and implementing rule require that you obtain a certificate of eligibility from the Florida Department of Law Enforcement (FDLE) **prior** to petitioning a court for an order to seal or expunge your non-judicial criminal history records and that you provide the information required by this application process.

2. **Application and Required Documents:** Type or print all information, except signatures. Complete all required portions of the application, and submit all required documents, along with the processing fee. **If your application is submitted without all required information, documentation, or the processing fee, FDLE will reject your application.**

**Refer to the Application Checklist & Instruction page in this packet for further information regarding submitting a complete application packet.**

3. **Mailing Instructions:** Mail your completed application packet and fee to:

**Florida Department of Law Enforcement  
ATTN: Seal & Expunge Section  
P.O. Box 1489  
Tallahassee, FL 32302-1489**

# Application Checklist & Instructions

**\*\*\*All documentation submitted must be originals. Copies will not be accepted.\*\*\***

## ☐ **Completed Application Page**

- The application page must be filled out in full including last name, first name, date of birth, race, sex, mailing address, permanent address, arresting agency, date of arrest, and charge(s).
- If you were given a Notice to Appear and not physically arrested, indicate the date of the Notice to Appear in place of the date of arrest.
- Applicant must sign the application in the presence of a notary public or a deputy clerk of the court.

## ☐ **Completed Written Certified Statement Page (Expunction Applications Only)**

- For all expunction applications (including juveniles), the written certified statement page completed by the appropriate state attorney or statewide prosecutor is required.

## ☐ **Certified Disposition**

- The applicant must provide a certified disposition of each case/criminal charge(s) listed on the application. This may be obtained from the clerk of court in the county where the case/charge(s) originated.
- If placed on probation, provide documentation showing termination of probation.
- For pre-trial intervention cases and other diversion programs, the applicant must provide a copy of the pretrial completion certificate or a letter of successful completion which may substitute for a certified disposition.

## ☐ **Completed Fingerprint Form/Card**

- The applicant must be fingerprinted by an authorized member of law enforcement or other criminal justice agency.
- The fingerprint form/card must include the applicant's name, date of birth, signature, and date.
- The fingerprint form/card must include the signature of the official taking the fingerprints and the agency's ORI/stamp.

## ☐ **Processing Fee**

- A NONREFUNDABLE money order, cashier's check, or personal check in the amount of \$75.00 made payable to FDLE must accompany the application. FDLE does not accept cash, gift cards, or temporary personal checks.
- Make sure to completely fill out and sign the check/money order.
- EXCEPTION: This fee is not required for juvenile diversion expunction applications.

## ☐ **Attorney Letterhead (if applicable)**

- If you are represented by an attorney, a letter of representation from the attorney on letterhead must be submitted with the application. If an attorney letter is not received, FDLE will only correspond with the applicant.
- Make sure the appropriate mailing address is clearly indicated on this letter.

**SPECIAL NOTE:** It is **highly recommended** that you obtain and keep a copy of all pertinent documents (arrest report, certified disposition, order to seal/expunge, etc.) for your records before you secure the sealing or expunction of your criminal history record(s). Once a record(s) has been expunged under s. 943.0585, F.S., it is no longer available to be disseminated to anyone (including the subject of the record), under any circumstances, without a court order so authorizing. FDLE, as well as any other state or local agency, is statutorily prohibited from releasing copies of court-ordered expunged records. FDLE may **only** release a copy of an expunged record upon receipt of a court order.