

EXPUNGEMENT/SEALING CLINIC

PRELIMINARY ELIGIBILITY APPLICATION

NAME: _____
First Middle Last

ALIASES or OTHER NAMES USED: _____

MAILING ADDRESS: _____
Street City State Zip Code

PERMANENT ADDRESS: _____
Street City State Zip Code

PHONE: _____ E-MAIL: _____

RACE: _____ SEX: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

(Your Social Security Number is not required, but failure to provide may delay the processing time of your application)

FLORIDA DRIVER LICENSE OR ID NUMBER _____ ID VERIFIED _____

ARREST INFORMATION

In what County and State were you arrested? _____ When? (Approximate date and/or year) _____

(Attach additional page if needed)

(Attach additional page if needed)

QUESTIONS

HAVE YOU EVER APPLIED TO HAVE YOUR RECORD SEALED OR EXPUNGED YES _____ NO _____

HAVE YOU BEEN CONVICTED (ADJUDICATED) OF A FELONY, MISDEMEANOR, DRIVING WITH A SUSPENDED LICENSE, DUI, OR RECKLESS DRIVING? YES _____ NO _____

WERE YOU ARRESTED AS A JUVENILE? YES _____ NO _____

ARE YOU CURRENTLY ON PROBATION OR HAVE A PENDING CASE? YES _____ NO _____

STATE ATTORNEY'S OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Eligible _____ Not Eligible/Reason _____
Seal _____
Expunge _____

Reviewed by: _____ Date: _____

FDLE Application prepared and mailed _____ Notice of ineligibility provided by mail _____