

REQUEST TO RESTRICT ARREST RECORD

Prior to 07/01/2013

O.C.G.A. §35-3-37

One (1) Date of Arrest per Request

SECTION ONE - APPLICANT INFORMATION

(Completed by Applicant)

GBI Use Only

Money Order _____

Certified Check _____

GBI Reference # _____

Name: _____

Date of Birth: _____ Race: _____ Sex: _____

Social Security Number: _____

Telephone Number: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Arresting Agency: _____

Date of Arrest: _____

Offenses(s) Arrested For: _____

Sections One and Two of this form must be completed in their entirety before request may be submitted to the Prosecuting Attorney's Office.

I request the arrest record information (Date of Arrest and associated charges) described above pertaining to me be restricted from the record(s) of the arresting agency pursuant to the provisions of O.C.G.A. §35-3-37.

Signature: _____ Date: _____