What is a Local Record Expungement?

O.C.G.A. § 35-3-37(d) allows for the expungement of arrest charges by a local law enforcement agency when certain conditions are met (as outlined in said statute). If approved by the local arresting agency, and the appropriate prosecutor, the arrest cycle is sealed on the Georgia criminal history report by GCIC. Access to that arrest information is restricted to criminal justice agencies only. The arrest is expunged in its entirety from the FBI criminal history record.

The following are examples of final court dispositions that may qualify: Dismissed: Not Presented to Grand Jury: No Further Action Anticipated; Nolle Prossed/Prosequi; Dead Docket; or No Record on File. All applications must be approved or denied by the appropriate prosecutor.

To apply for the local record expungement, contact the arresting law enforcement agency to obtain an application for Local Record Expungement. The request for expungement form is a three-part form:

- Section One – You will complete Section One and return to the arresting agency.
- Section Two – Completed by the arresting agency that forwards the request to the appropriate prosecutor (District Attorney or Solicitor).
- Section Three – Completed by the prosecutor who will approve or deny the request.
- Once the prosecutor completes their portion, they will forward the complete form to GCIC.
REQUEST TO EXPUNGE ARREST RECORD
O.C.G.A. 35-3-37(d)

SECTION (1) ONE—APPLICANT INFORMATION (to be completed by requester)

Name __________________________________________________________________

Date of Birth____________________________  Race  _______________  Sex _______

Social Security Number  ___________________________________________________

Street Address  ___________________________________________________________

City  ___________________________________  State  ______________  Zip ________

Arresting Agency  ________________________________________________________

Date of Arrest  ___________________________________________________________

Offenses Arrested For:  ____________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I request that the arrest record information described above pertaining to me be expunged
from the record(s) of the arresting agency pursuant to the provisions of O.C.G.A. 35-3-
37(d).

Signature  _______________________________________________________________

Date  _____________  _____________  _____________

O.C.G.A. 35-3-37(d)(1) provides in part that “An individual who was (A) Arrested for an
offense under the laws of this state but subsequent to such arrest is released by the
arresting agency without such offense being referred to the prosecuting attorney for
prosecution; or (B) After such offense referred to the proper prosecuting attorney, and the
prosecuting attorney dismisses the charges without seeking an indictment or filing an
accusation may request the original agency in writing to expunge the records of such arrest. . .”

SECTION (2)—ARREST INFORMATION (to be completed by the arresting agency)

Date Request Received ____________________________________________________

Original (Arresting) Agency ________________________________________________

ORI Number ____________________________________________________________

Case/Citation/Docket Number ______________________________________________

Date of Arrest ___________________________________________________________

Arrest Charges ___________________________________________________________

________________________________________________________________________

Disposition of Arrest ______________________________________________________

________________________________________________________________________

Prosecuting Attorney/Court Case Referred To __________________________________

________________________________________________________________________

Applicant’s State Identification Number (SID) _________________________________

Does Applicant’s GCIC Criminal History Record Indicate the Disposition of Arrest? If
none appears, a copy of final disposition or completed OBTS form MUST be attached to
this request.

________________________________________________________________________
Signature of Official Completing Form

Attach copies of the incident report, warrants, citations, GCIC criminal history record or any other reports which may be required by the prosecuting attorney in conducting a review of this request.

SECTION (3) THREE—PROSECUTING ATTORNEY

(to be completed by prosecuting attorney only)

Date Request Received ________________________________________________________

Judicial Circuit ______________________________________________________________

District Attorney/Solicitor _____________________________________________________

Prosecutor Assigned to Case ___________________________________________________

Case/Citation/Docket Number ___________________________________________________

Explanation for Expungement of Record __________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

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________________________________________________________________________

☐ Approved ☐ Denied

Signature of Prosecutor _________________________________________________________

Date ________________________________