REQUEST TO RESTRICT ARREST RECORD
Prior to 07/01/2013
O.C.G.A. §35-3-37

One (1) Date of Arrest per Request

GBI Use Only
Money Order _____
Certified Check _____
GBI Reference #_____

SECTION ONE - APPLICANT INFORMATION
(Completed by Applicant)

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: _____

SECTION TWO - ARREST INFORMATION
(Completed by Arresting Agency)

Date Request Received: _____

Applicant's State Identification Number (SID): GA_____

Offender Tracking Number (OTN): _____

Arresting Agency Name: LaGrange Police Department

Arresting Agency ORI Number: GA1410200

Case / Citation / Docket Number: _____

Date of Arrest: _____

Arrest appears on Georgia and/or FBI criminal history record? ☐ Yes ☐ No

If arrest does not appear on either state or federal record, the record restriction cannot be processed.

Arrest Charge Tracking Number(s) and Charges:
_____
_____

Disposition of Arrest:
_____
_____

Disposition appears on Georgia criminal history record? ☐ Yes ☐ No

If No, attach official documentation containing disposition information. If official documentation is not available, please provide explanation and request for exception in Prosecutor's Comments, e.g., No Further Action Anticipated. (Without a disposition on file, official documentation, or g., No Further Action Anticipated. (Without a disposition on file, official documentation, or request for exception, this request cannot be processed.)

Prosecuting Attorney/Court Case Referred To: _____

Official Completing Form:
Title: Terminal Agency Coordinator
Name: Susan D Whitley Telephone Number: 706-883-2605

Signature: Susan D Whitley Email: swhitley@lagrangega.org

SECTION THREE – PROSECUTING ATTORNEY
(Completed by Prosecuting Attorney)

Date Request Received: _____

Judicial Circuit / County: _____

Prosecuting Agency ORI Number: _____

District Attorney / Solicitor General: _____

Prosecutor Assigned to Case: _____

Case / Citation / Docket Number: _____

Please select one of the following actions:

_____ Approved - Record Restriction Meets Statutory Requirements

_____ No Information Available; Record Restriction Forwarded Without Objection

_____ Approved - No Further Action Anticipated

_____ No Information Available at Prosecutor's Office; Returned to Arresting Agency for Further Research. **DO NOT FORWARD RESTRICTION FORM TO GCIC.**

_____ Denied - Restriction Does Not Meet Statutory Requirements
DO NOT FORWARD RESTRICTION FORM TO GCIC.

If additional Charges from same Arrest Date, other than those identified on Page 2, are also approved for record restriction, list the Arrest Charge Tracking Number(s) and Charges in Prosecutor Comments.

Prosecutor Comments:
_____
_____
_____
_____
_____

Prosecutor Completing Form:

Name: _____ Telephone Number: _____

Signature: _____ Email: _____