

APPLICATION FOR EXPUNGEMENT OF ARREST RECORDS

You may leave blank the spaces on this form that call for your social security number and right thumbprint. There is presently no law or regulation that requires you to provide them. If you do provide your social security number, right thumbprint, or both, we will use them only to verify that the correct arrest record is expunged, if you are entitled to an expungement under Hawaii Revised Statutes, Section 831-3.2.

Current Name: _____ Sex: M ___ F ___
(Last, First, Middle)

Other Names Used: _____ Date of Birth: _____

Social Security Number: _____ Place of Birth: _____

Home Address _____ City _____ State _____ Zip Code _____ Telephone Number _____

In accordance with the provisions of Section 831-3.2, Hawaii Revised Statutes, I hereby submit this application to have my arrest record expunged for the following alleged offense(s) for which no conviction has been secured:

<u>Offense</u>	<u>Date of Arrest</u>	<u>Place of Arrest</u>	<u>Date of Last Court Appearance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If I am found to have no record of conviction, I also request the return of fingerprints and photographs. I hereby declare that I am not a fugitive from justice.

Mailing Address for all correspondence:

Date: _____ Applicant's Signature _____

Fee Amount: First Time Applicant \$35.00 All Others \$50.00

Cashier's Check or Money Order made payable to State of Hawaii.

If paying at HCJDC, cash will be accepted.

NO PERSONAL OR BUSINESS CHECKS ACCEPTED

Return application and money order to:
Arrest Records Expunger
Hawaii Criminal Justice Data Center
Department of the Attorney General
465 S. King Street, Room 101
Honolulu, Hawaii 96813
HCJDC 159 (12/2011)

Right Thumbprint

