

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: \_\_\_\_\_

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 \_\_\_\_\_

Make \$25.00 money order or cashier's check payable to: State Director of Finance

Return application and \$25.00 money order or cashier's check to:

Arrest Records Expunger  
Hawaii Criminal Justice Data Center  
Department of the Attorney General  
465 S. King Street, Room 101  
Honolulu, Hawaii 96813

Right Thumbprint

