INSTRUCTIONS
SUBMITTING A REQUEST TO RESTRICT (EXPUNGE) ARREST RECORD TO THE EMORY POLICE DEPARTMENT

Requests to restrict (expunge) arrest records must be made on the official GCIC Request to Restrict (Expunge) Arrest Records form. The form is available at www.emory.edu/EPD or www.gbi.georgia.gov.

How do I submit a request to the Emory Police Department (EPD)?
(Applicants should also read the instructions that are included with the Request form. For the purposes of this document, “requestor” also means the requestor’s representative.)

- Complete and sign Section One of the Request to Restrict (Expunge) Arrest form.
- Mail or deliver Section One to the following address. Do NOT include payment. EPD does not charge to process expungement requests. Requestors are encouraged to use certified mail if sent through the Postal Service.

RECORDS/Expungements
Emory Police Department
1784 North Decatur Road
Atlanta, GA 30322

What happens to the request after it is received by EPD?
Using the information provided on the form, EPD determines if a record of the arrest exists. If there is no record, the form is returned to the requestor. If there is a record of the arrest, the department completes Section Two. Sections One and Two are then sent to the prosecutor. No further action is taken by EPD until a response is received from the prosecutor.

What happens if information I include on the form is incorrect or incomplete, or if the request is related to an arrest for a city or county ordinance violation?
The Department cannot make any changes or corrections to a request. If any information is incomplete or incorrect, the form will be returned to the requestor. Requests to restrict records related to arrests for city or county ordinance violations cannot be processed and will be returned.

What happens after EPD receives a response from the prosecutor?
If the prosecutor denies the request, the Department will return the form to the requestor. The Department’s responsibility is concluded at that point. It is the responsibility of the requestor to determine which additional actions, if any, are appropriate.

If the prosecutor approves the request, the Department will take appropriate steps to comply with the approval and will return the approved form to the requestor. The Department’s responsibility is then concluded. It is the responsibility of the requestor to follow the instructions provided with the GCIC form.

Other Questions?
Contact the EPD Records Unit at 404-727-6115, Monday-Friday, 9:00 AM to 4:00 PM, excluding holidays.
AGENCY INSTRUCTIONS FOR REQUEST TO RESTRICT (EXPUNGE) ARREST RECORD

For Arrests Prior to 07/01/2013

1. O.C.G.A. §35-3-37 provides for the restriction of certain criminal history records for non-criminal justice purposes when approved by the prosecuting attorney.

   - For arrests prior to **July 1, 2013** the applicant is required to apply for restriction at the arresting agency. **Arresting agencies may require a processing fee not to exceed $50.00 as authorized per §35-3-37.** The Emory Police Department does not charge for this service.
   - The REQUEST TO RESTRICT ARREST RECORD is a three section (page) form.
   - **Section One is completed by the applicant.** Each request form may contain only one (1) Date of Arrest (there may be multiple charges for that arrest). Return only Section One to Emory Police.
   - **Section Two** is completed by the arresting agency. The entire form is forwarded to the prosecutor for approval/denial.
   - **Section Three** is completed by the prosecutor. If approved, the prosecutor may enter the appropriate disposition restriction code using the GCIC CCH User Interface and notify the applicant that the restriction is complete. The arresting agency will receive a notification from GCIC that the record has been restricted. **If the prosecutor enters the restriction in the CCH User Interface the application and fee should not be forwarded to GCIC.**
   - If the prosecutor does not have access to the CCH User Interface, the application may be returned to the arresting agency.
   - The arresting agency should advise the applicant to forward the approved application to GCIC including the GCIC processing fee. Incomplete applications or those missing the required fee will not be processed and will be returned to the applicant. Do not forward the restriction application to GCIC if the request is denied by the prosecutor.
   - Applicants may send the approved Request to Restrict Arrest Record form and $25.00 fee (money order or certified check payable to “Georgia Bureau of Investigation”) to:

     Georgia Crime Information Center
     Record Restrictions
     P.O. Box 370808
     Decatur, Georgia 30037-0808

   - GCIC will send an email notification to the applicant email address listed on Page 1 of the application when the restriction has been applied to the Georgia criminal history. GCIC does not mail notifications or provide copies of an approved Request to Restrict Arrest Record application.
   - To check the status of a request, contact the GCIC CCH/Identification Services Helpdesk at (404) 244-2639, Option 1 or email gacriminalhistory@gbis.gate.gov

2. For arrests occurring July 1, 2013 or later, there is no application process. The prosecutor may approve the restriction at the time of sentencing. If restriction is approved upon sentence completion, it should be noted in the sentencing documentation forwarded to the court.

3. When the restriction has been applied to the Georgia criminal history, access to that specific arrest cycle is restricted for non-criminal justice purposes (Employment/Licensing). However, such information may be available through other sources. GCIC has no control over information provided by local agencies or private vendors.
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)

Name: ________________________________
Date of Birth: ______________ Race: ___________ Sex: ___________
Social Security Number: ________________________________
Telephone Number: __________________________ Email: __________________________
Street Address: ________________________________
City: __________________________ State: ___________ Zip Code: ___________
Arresting Agency: ________________________________
Date of Arrest: ________________________________
Offense(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: __________________________

Page 1 of 3