



FLORIDA DEPARTMENT OF LAW ENFORCEMENT
APPLICATION FOR JUVENILE DIVERSION EXPUNCTION
PLEASE TYPE OR PRINT ALL INFORMATION

SECTION A - APPLICANT

Last Name		First Name		Middle Name	
Alias Last Name (Maiden, Divorce, etc.) (More names on page 2)		Alias First Name (Maiden, Divorce, etc.)		Alias Middle Name (Maiden, Divorce, etc.)	
Date of Birth (MM/DD/YYYY)	Race	Sex		Social Security No.(optional)	
Residence Phone ()			Business Phone ()		
Mailing Address				City	State Zip
Permanent Address				City	State Zip
Arresting or Detaining Agency	Date of Completion of Prearrest or Postarrest Diversion Program	Email Address			

Date(s) of Arrest	Charge(s) Description (add additional dates of arrest/charges on page 2)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Per Section 837.06, Florida Statutes:
Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree.

I hereby certify that the information contained herein is true and correct to the best of my knowledge.

Applicant Signature Date

Parent/Legal Guardian Signature Date
(Required if Applicant is under 18 years of age)

SECTION B - STATE ATTORNEY

FOR EXPUNCTION APPLICATION ONLY			
State Attorney/Statewide Prosecutor	County	Circuit	Reviewing Officer
1. _____	Statute Violation	Case Number	Action
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

I certify that the person named above has successfully completed a prearrest or postarrest diversion program in the above-named County as authorized by s.985.3065, that participation in this program was based on an arrest for a nonviolent misdemeanor (as that term is defined in s.943.0582), and that to my knowledge and based on the information available to me this person has not otherwise been charged with or found to have committed any criminal offense or comparable ordinance violation. Therefore, pursuant to s.943.0582, this person is eligible to have his or her criminal history record expunged with the intent of and as limited by s.943.0582.

Signature Title(Prosecuting Authority) Date

Date of completion of prearrest or postarrest diversion program
(To be filled in by Prosecuting Authority)

(Month) (Day) (Year)

SECTION A - SUPPLEMENTAL INFORMATION
FOR JUVENILE DIVERSION EXPUNCTION

Last Name		First Name		Middle Name	
Date of Birth (MM/DD/YYYY)	Race		Sex	Social Security No.(optional)	

Aliases:(Maiden, Divorce, etc.)

	Last Name	First Name	Middle Name
1.			
2.			
3.			
4.			

Additional Charges

	Date of Arrest	Charge Details
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

INSTRUCTIONS

PLEASE TYPE OR PRINT ALL INFORMATION

GENERAL INFORMATION:

The laws and rules, which govern juvenile diversion expunction of criminal history record(s), include: Section 943.0582, Florida Statutes, and Chapter 11C-7009, Florida Administrative Code.

** As of July 1, 2016, the requirement to submit the application within 12 months after completion of the diversion program has been repealed. There is no longer a deadline for submitting the application.

THIS IS AN APPLICATION FORM FOR JUVENILE DIVERSION EXPUNCTION (F.S. 943.0582) WHICH IS AN ADMINISTRATIVE PROCESS AND IS COMPLETED BY THE AGENCIES CONCERNED. IT DOES NOT REQUIRE FILING A PETITION WITH THE COURT, AND DOES NOT REQUIRE OR AUTHORIZE THE ISSUANCE OF A CERTIFICATE OF ELIGIBILITY BY FDLE. PLEASE CONSULT THE APPLICABLE LAW OR SEEK LEGAL ADVICE IF YOU ARE UNCERTAIN OF THE DIFFERENCES BETWEEN JUVENILE DIVERSION EXPUNCTION AND COURT-ORDERED EXPUNCTION (F.S. 943.0585), OR BETWEEN JUVENILE DIVERSION EXPUNCTION AND OTHER FORMS OF EXPUNCTION FOR WHICH YOU MAY QUALIFY.

(Section A) APPLICATION INFORMATION:

In order to obtain a juvenile diversion expunction of a criminal history record, the following documents must be provided to the FDLE pursuant to s. 943.0582, F.S.

1. Complete the reverse side of this application. Section A must be completed by applicant and signed by the applicant or the applicant's parent or legal guardian if the applicant is under 18 years of age at the time of signing.
2. The applicant must be fingerprinted by authorized personnel with a law enforcement or criminal justice agency. The enclosed FDLE Applicant Fingerprint card FD 258 must be used.
3. You must have the state attorney complete Section B, on the reverse side of this application, certifying that you have successfully completed a prearrest or postarrest diversion program that allows for the expunction of the record upon completion as authorized by s. 943.0582, F.S.
4. You should be aware that eligibility for a juvenile diversion expunction is conditioned upon successful completion of a prearrest or postarrest diversion program authorized by s. 985.345, F.S., and that the applicant's participation in the program was based on an arrest for a nonviolent misdemeanor as the term "nonviolent misdemeanor" is defined in s. 943.0582, F.S.. You should also be aware that the term "expunction" as used in s.943.0582, F.S., differs significantly in operation and the effect from term "expunction" as used in s.943.0585, F.S.

(Section B) STATE ATTORNEY INFORMATION ONLY:

Section 943.0582, Florida Statutes, states that an applicant seeking a juvenile diversion expunction of a criminal history record must obtain an official written statement from the appropriate state attorney as reflected in Section B on the reverse side of this form.

(Section C) (TO BE COMPLETED BY THE FDLE ONLY)

MAILING INSTRUCTIONS:

Once you have completed all applicable requirements as stated above, mail this application and all documents to:

The Florida Department of Law Enforcement
Attn:Expunge/Seal Section
Post Office Box 1489
Tallahassee, Florida 32302-1489

If the application is not complete or all of the necessary documents are not provided, the FDLE will return your package unprocessed. Any question should be directed to the FDLE's Expunge Section at (850) 410-7870.

** FDLE has asked that you provide your social security number (SSN). The decision to provide your SSN is at your option, but failure to provide your SSN may result in a delay in processing your application or request. If you provide your SSN, FDLE will use it for purposes of identification, and may share the information with other agencies for the same purpose pursuant to Section 119.071(5)(a)6.b., F.S. FDLE's request for your SSN is authorized by state law because it is imperative for the performance of FDLE's duties and responsibilities pursuant to Section 119.071(5)(a)2.a.II, F.S.

FINGERPRINTS FOR APPLICATION FOR JUVENILE DIVERSION EXPUNCTION

Name: Last _____ First _____ Middle _____

Alias(aka) Name: Last _____ First _____ Middle _____

RACE: __ SEX: __ DOB: _____ *SOCIAL SECURITY NUMBER(SSN): _____

**Please mail completed application and fingerprints to:
FDLE, P.O.Box 1489, Tallahassee, FL 32302, Attn: Expunge/Seal Section**

Signature of official taking fingerprints: _____ ORI: _____

Signature of person fingerprinted: _____ Date: _____

1. R.Thumb	2. R.Index	3. R.Middle	4. R.Ring	5. R.Little
6. L.Thumb	7. L.Index	8. L.Middle	9. L.Ring	10. L.Little
Left Four Fingers Taken Simultaneously	L.Thumb	R.Thumb	Right Four Fingers Taken Simultaneously	

** This information is voluntary; failure to disclose may delay the processing time of your application.