## EXPUNGEMENT OF NON-CONVICTION ARREST RECORDS APPLICATION

You may leave blank the space on this form that calls for your social security number. There is presently no law or regulation that requires you to provide it. If you do provide your social security number, it will only be used to verify that the correct arrest record is expunged, if you are entitled to an expungement under Section 831-3.2. Hawaii Revised Statutes. **PLEASE PRINT CLEARLY.** 

Current					
Legal Name:(Last, First, Middle)				Sex: M F	
(Lust, 1 list, Wildle)					
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 <b>Sec</b> my arrest record expunged for the follow			•	* *	
	88				
055		Date of	Place of	Date of Last	
<u>Offense</u>		<u>Arrest</u>	<u>Arrest</u>	Court Appearance	
If I am found to have no record of convi	•	est the return of	non-digitized fin	igerprints and photographs. I	
hereby declare that I am not a fugitive fr	om justice.				
Mailing Address for all correspondence:					
Date: Applic	cant's Signature	e			
Fee Amount: 1) First Time Expungem					
		,	1 0		
If additional requirements are needed non-refundable administration fee w			your mailing ac	ldress and a \$10.00	
<b>ONLY</b> Cashier's Check or Money O	rder made nav	able to State of	Hawaii		
NO PERSONAL OR BUSINESS O			Tia waii.		
Mail form and payment to:		-		ese items are complete:	
<b>Expungement Section</b> Hawaii Criminal Justice Data Center		Signature of a  Payment = Ma		Cashier's Check	
Department of the Attorney General		) Mailing Addr	-	Justice 5 Check	
465 S. King Street, Room 102					
Honolulu, Hawaii 96813					

HCJDC 159 (01/25/2016) http://ag.hawaii.gov/hcjdc