

EXPUNGEMENT OF ARREST RECORDS FOR FIRST-TIME DRUG CONVICTION

"
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. **PLEASE PRINT CLEARLY.**

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

"
Other Names Used: _____ Date of Birth: _____

"
Social Security Number: _____ Place of Birth: _____

J qo g"Address City State Zip Code Telephone Number

"
In accordance with the provisions of **Section 706-622.5**, Hawaii Revised Statutes, I hereby submit this written request **and Court Order Granting Expungement of Conviction for First-Time Drug Offender** to have my arrest record conviction expunged:

"

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

" _____

"
Mailing Address for all correspondence:

" _____
" _____
" _____

"
Date: _____ Signature _____

"
Fee Amount: 1) First Time Expungement: \$35.00 2) Non-First Time Expungement: \$50.00

"
If additional requirements are needed, notification will be sent to your mailing address and a \$10.00 non-refundable administration fee may be retained.

"
ONLY Cashier’s Check or Money Order made payable to State of Hawaii.

NO PERSONAL OR BUSINESS CHECKS ACCEPTED

"
Mail form and payment to:
Expungement Section
Hawaii Criminal Justice Data Center
Department of the Attorney General
465 S. King Street, Room 102
Honolulu, Hawaii 96813

Before mailing form, confirm these items are complete:
 Signature
 Payment – Money Order or Cashier’s Check
 Mailing Address
 Court Order Granting Expungement