

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: _____ Sex: M ___ F ___
(Last, First, Middle)

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 **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, or for which I have found to be eligible for redress under chapter 661B:

<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 non-digitized fingerprints and photographs. I hereby declare that I am not a fugitive from justice.

Mailing Address for all correspondence:

Date: _____ Applicant's 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 will 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 of applicant**
- Payment – Money Order or Cashier's Check**
- Mailing Address**