



# SHERIFF JOE CHAPMAN



## Walton County Sheriff's Office

1425 South Madison Avenue

Monroe, Ga. 30655

Office (770) 267-6557

Fax (770) 267-1440

### WALTON COUNTY SHERIFF'S OFFICE CRIMINAL HISTORY FORM

I hereby authorize the Walton County Sheriff's Office to receive any criminal history record information pertaining to me, which may be in the files of any State or Local Criminal Justice Agency in Georgia.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Signature of Applicant

(Attach Copy of Drivers License or Picture ID)

**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)**

GBI Use Only	
Money Order	_____
Certified Check	_____
GBI Reference #	_____

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: \_\_\_\_\_

**SECTION TWO - ARREST INFORMATION**  
**(Completed by Arresting Agency)**

Date Request Received: \_\_\_\_\_

Applicant's State Identification Number (SID): GA

Offender Tracking Number (OTN): \_\_\_\_\_

Arresting Agency Name: \_\_\_\_\_

Arresting Agency ORI Number: \_\_\_\_\_

Case / Citation / Docket Number: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_

Arrest appears on Georgia and/or FBI criminal history record?  Yes  No

***If arrest does not appear on either state or federal record, the record restriction cannot be processed.***

Arrest Charge Tracking Number(s) and Charges: \_\_\_\_\_

Disposition of Arrest: \_\_\_\_\_

Disposition appears on Georgia criminal history record?  Yes  No

***If No, attach official documentation containing disposition information. If official documentation is not available, please provide explanation and request for exception in Prosecutor's Comments, e.g., No Further Action Anticipated. (Without a disposition on file, official documentation, or request for exception, this request cannot be processed.)***

Prosecuting Attorney/Court Case Referred To: \_\_\_\_\_

**Official Completing Form:**

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

**SECTION THREE – PROSECUTING ATTORNEY**  
**(Completed by Prosecuting Attorney)**

Date Request Received: \_\_\_\_\_

Judicial Circuit / County: \_\_\_\_\_

Prosecuting Agency ORI Number: GA \_\_\_\_\_

District Attorney / Solicitor General: \_\_\_\_\_

Prosecutor Assigned to Case: \_\_\_\_\_

Case / Citation / Docket Number: \_\_\_\_\_

**Please select one of the following actions:**

\_\_\_\_\_ Approved - Record Restriction Meets Statutory Requirements

\_\_\_\_\_ No Information Available; Record Restriction Forwarded Without Objection

\_\_\_\_\_ Approved - No Further Action Anticipated

\_\_\_\_\_ No Information Available at Prosecutor's Office; Returned to Arresting Agency for Further Research. **DO NOT FORWARD RESTRICTION FORM TO GCIC.**

\_\_\_\_\_ Denied - Restriction Does Not Meet Statutory Requirements  
**DO NOT FORWARD RESTRICTION FORM TO GCIC.**

***If additional Charges from same Arrest Date, other than those identified on Page 2, are also approved for record restriction, list the Arrest Charge Tracking Number(s) and Charges in Prosecutor Comments.***

Prosecutor Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prosecutor Completing Form:**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_