

## **Directions for Record Restriction Application**

1. Complete Record Restriction Application and submit application, along with a copy of driver's license or picture ID w/Social Security Card to arresting agency at the following location:

**Address: Bibb County Sheriff's Office  
Central Records Division  
P.O. Box 930  
Macon, Georgia 31202-0930**

2. An application fee of \$25.00 must be made payable to the Bibb County Sheriff's Office when application is submitted. **No personal checks accepted.**
3. For arrest prior to July 1, 2013, applicant must submit an application with the Arresting agency. For arrests on and after July 1, 2013, applicant must contact prosecuting court for eligibility and procedures of restriction of the arrest.
4. The arresting agency will submitted request to prosecuting agency
5. Prosecuting agency will then respond to request and return it to the arresting agency.
6. Arresting agency will communicate by mail to the applicant the results of the Request to Restrict Record.
7. **The Record Restriction O.C.G.A. 35-3-37 does not apply to First Offender Sentences.**

**The First Offender Act O.C.G.A &43-8-62 provide that it is the duty of the Clerk of the Court to notify GCIC of the completion of a First Offender Sentence. The Probation Department first sends a petition for discharge to the Judge. The Judge will sign such petition and then it is sent to the Clerk of Court. The Clerk will then notify GCIC to remove the record from the person's record. The arrest will always remain on a person's record if the record is run for law enforcement purposes. If the record is run for employment purposes- it will not show up.**

8. You will need to complete a separate Record Restriction request application for each arrest that you wish to have restricted.

**\*\*\*\*This process can take up to several months to complete\*\*\*\***

**REQUEST FOR RECORD RESTRICTION**

**O.C.G.A. 35-3-37(d)**

Applicant must submitted a separate application for each arrest

**A non-refundable \$25.00 Application Fee made payable to Bibb County Sheriff's Office**

**SECTION ONE – APPLICANT INFORMATION**

**To be completed by Applicant**

O.G.GA 35-3-37(d)(1) provides in part that "An individual who was: (A) Arrested for an offense under the laws of this sate but subsequent to such arrest is released by the arresting agency without such offense being referred to the prosecuting attorney for prosecution; or (B) After such offense referred to the proper prosecuting attorney, and the prosecuting attorney dismisses the charges without seeking an indictment or filing an accusation may request the original agency in writing to restrict the records of such arrest..."

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) Arrest For: \_\_\_\_\_

\_\_\_\_\_

Sections One and Two 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 records(s) of the arresting agency pursuant to the provisions of O.C.G.A 35-3-37(d)

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

Effective Date: 08/01/2009

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Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the \_\_\_\_\_ **BCSO** \_\_\_\_\_ to conduct an  
Criminal Justice Agency

inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia. I further authorize the B.C.S.O to relay that information to \_\_\_\_\_ via:  
Requesting Entity .

US Mail    In-Person Pick-Up    Encrypted Email   Email Address: \_\_\_\_\_

Full Name (print):			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for \_\_\_\_\_ days from date of signature.

I, \_\_\_\_\_ give consent to the above named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Attorney for Individual (Purpose Codes E and U Only)   Bar Number   Date

Date of inquiry: \_\_\_\_\_ Time of inquiry: \_\_\_\_\_ Operator's initials: \_\_\_\_\_

Purpose Code used: (check all that apply)

<input type="checkbox"/>	Employment (E) – Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Mentally Disabled (M) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Elder Care (N) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Children (W) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Public Records (P) – Provides <i>Georgia Felony Convictions</i> Only
<input type="checkbox"/>	Personal Copy (U) – Includes Restricted and Sealed arrests (not to be used for employment)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/released.
<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

\_\_\_\_\_  
 Agency Designee Signature and Title Date