



OFFICE OF STATE ATTORNEY ALEXCIA COX

PALM BEACH COUNTY, FLORIDA



SEALING AND EXPUNGEMENT WORKSHOP

PRELIMINARY APPLICATION FOR SEALING/EXPUNGEMENT ELIGIBILITY

NAME _____
First _____ Middle _____ Last _____

ALIASES OR OTHER NAMES USED: _____

RACE: _____ SEX: _____ DATE OF BIRTH: _____ AGE: _____

SOCIAL SECURITY NUMBER: _____
(You do not need to provide your social security number if you do not want to. But, failure to do so may delay the processing time of your application.)

FLORIDA DRIVER'S LICENSE OR ID NUMBER: _____ ID VERIFIED

MAILING ADDRESS _____
Address _____ City _____ State _____ Zip Code _____

PERMANENT ADDRESS: _____
Address _____ City _____ State _____ Zip Code _____

PHONE: _____ EMAIL: _____

ARREST INFORMATION

List all cities and states where you have been arrested? When? (Approximate date and/or year)

State: _____

State: _____
(attach another page if needed)

(attach another page if needed)

QUESTIONS

Have you successfully sealed or expunged a record in the past? Yes No

Have you been convicted (Adjudicated) of a Felony or Misdemeanor offense? Yes No

Have you been convicted (Adjudicated) of a Criminal Traffic Offense
(ex: Driving with a Suspended License, DUI, or Reckless Driving)? Yes No

Do you have an open case? Yes No

Are you currently on Probation or have you ever been on Probation? Yes No

Have you ever been to prison? Yes No

Have you been (Adjudicated) of a Felony as a Juvenile Yes No

STATE ATTORNEY'S OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

ELIGIBLE
 Seal

Expunge

Not Eligible / Reason: _____

Reviewed by: _____ Date: _____

We can only help with arrests that occurred in Palm Beach County