



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)

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 ☐ Not Eligible / Reason: _____
☐ Seal ☐ Expunge

Reviewed by: _____ Date: _____
We can only help with arrests that occurred in Palm Beach County