

IN THE COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA

DIVISION: CASE NUMBER 05 - - - - XXX-XX

CLOCK IN

PLAINTIFF

STATE OF FLORIDA
vs.

DEFENDANT/PETITIONER

AFFIDAVIT FOR SEALING/EXPUNGEMENT OF CRIMINAL HISTORY RECORD

I, _____, am the Defendant in the above-styled cause and I do hereby swear and affirm that:

- 1. I fully understand the meaning of all the terms of this affidavit.
2. I have never been adjudicated guilty of a criminal offense or a comparable ordinance violation.
3. I was arrested on the _____ day of _____, 20____, by _____, and I have not been adjudicated guilty of the charges stemming from that arrest or alleged criminal activity surrounding my arrest.
4. I am eligible for the relief requested, to the best of my knowledge and belief, and do not have any other petition to expunge or seal pending before any court.
5. I have never secured a prior records expunction or sealing under any law.

Defendant/Petitioner

STATE OF FLORIDA, COUNTY OF BREVARD

Sworn to and Subscribed before me this _____ day of _____, 20_____.

NOTARY PUBLIC, or other
person authorized to administer
an oath. (Print, type or stamp
commissioned name of Notary Public)

Personally known _____ or produced identification _____.
Type of identification produced_____.

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STATE OF FLORIDA vs.

DEFENDANT/PETITIONER

MOTION TO SEAL CRIMINAL HISTORY RECORD

The petitioner, _____, by and through the undersigned attorney, petitions this honorable court, pursuant to Florida Rules of Criminal Procedure 3.692, and section 943.0585 or section 943.59 Florida Statutes, to seal all criminal history record information in the custody of any criminal justice agency and the official records of the court, concerning the petitioner's arrest on the ____ day of _____, 20__, by _____(arresting agency), and charged with _____(charges), and as grounds therefore shows:

- 1. On the ____ day of _____, 20__, the petitioner, _____ a _____(race/sex), whose date of birth is _____(date of birth), was arrested by _____(arresting agency), and charged with _____(charges).
2. The petitioner has not been adjudicted guilty of any of the charges stemming from this arrest or alleged criminal activity.
3. The petitioner has not been previously adjudicated guilty of a criminal offense or a comparable ordinance violation.
4. The petitioner has never secured a prior sealing or expunction of a criminal history record under Section 943.0585, or 943.059, Florida Statutes, former s 943.058, former s 893.14, or former s 901.33, Florida Statutes, or any other law, rule, or authority.

WHEREFORE, the petitioner, _____, moves to seal any criminal history record information and any official court records regarding his/her arrest by _____(arresting agency), for _____(charges) on the ____ day of _____, 20__.

I HEREBY CERTIFY that a true and correct copy of the foregoing pleading has been served on _____(name of prosecuting authority), State Attorney for the Eighteenth Judicial Circuit, in and for Brevard County, Florida; _____(arresting agency); _____(Sheriff of county where defendant was arrested, if different); this ____ day of _____, 20__.

SIGNATURE

Form with fields: NAME:, ADDRESS:, CITY/STATE/ZIP:, TELEPHONE NUMBER:, FL BAR NUMBER:

IN THE COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA

DIVISION: CASE NUMBER 05 - - - - XXX-XX

PLAINTIFF CLOCK IN

STATE OF FLORIDA vs. DEFENDANT

NOTICE OF HEARING

HEARING INFORMATION

DATE: LOCATION: TIME: JUDGE:

RE:

TO: State Attorney's Office Sealing and Expungement Section 2725 Judge Fran Jamieson Way Viera, Florida 32940

YOU ARE HEREBY NOTIFIED that a hearing will be held at the date, time, and location indicated above.

I HEREBY CERTIFY that a true copy of the foregoing Notice of Hearing has been mailed to the State Attorney's Office, Sealing and Expungement Section, 2725 Judge Fran Jamieson Way, Viera, Florida 32940

DEFENDANT'S SIGNATURE

ADDRESS

CITY STATE ZIP

PRINT DEFENDANT'S NAME

TELEPHONE NUMBER

WITNESS my hand and Official Seal on the ___ day of ___, 20 ___, in Brevard County, Florida.



BY _____ DC

BREVARD COUNTY CLERK OF COURTS

NOTICE TO PERSONS WITH A DISABILITY

REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES:
If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Court Administration at The Moore Justice Center, 2825 Judge Jamieson Way, 3rd Floor, Viera, FL 32940-8006, (321)633-2171 ext. 2, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.