

Instructions for the Sealing or Expungement of Criminal History Records

You must first obtain a **Certificate of Eligibility** from the Florida Department of Law Enforcement (FDLE) prior to filing your petition with the court to seal or expunge a criminal history record. You are required to attach to your Application for Certificate of Eligibility a certified copy of the disposition of each charge you are seeking to have expunged or sealed. Certified copies of dispositions may be purchased from the Clerk's Research Department. To submit a request, please send an email to Records_Request@stlucieclerk.gov.

Once you have received your **Certificate of Eligibility** you will need to complete and file the below listed forms with the Clerk of the Court. The below listed forms and instructions can be located on our website at www.stlucieclerk.gov/forms.

Affidavit: Must be completed and signed before a notary.

Petition to Seal or Expunge: Must be completed and signed.

Certificate of Eligibility (Original)

You will need to contact the Criminal Department at 772-462-6943 to find out the judge who will be assigned to your case. There is a \$42.00 filing fee due when filing the petition. Any outstanding fines, fees or court costs must be paid. Acceptable forms of payment are cash, credit card, money order or cashier's checks. Personal checks are not accepted.

All original paperwork should be filed with the Customer Care Center, 201 S. Indian River Drive, Fort Pierce, FL 34950. If you mail in your paperwork, please send to Clerk of the Circuit Court, P.O. Box 700, Fort Pierce, FL 34954. A copy of the petition must be delivered to the Office of the State Attorney and the arresting agency.

The petitioner must arrange for a hearing date/time on the Court's calendar by calling the judicial assistant for the assigned judge. When a hearing date has been obtained, the applicant must file the notice of hearing with the Clerk of the Court by emailing it to criminalcourt@stlucieclerk.gov or coming in person to the Customer Care Center located at 201 S. Indian River Drive, Ft. Pierce, FL 34950. A copy must be sent to the State Attorney's Office and arresting agency.

STATE OF FLORIDA

CASE NUMBER(S): _____

VS

(Defendant's Name)

DIVISION: _____

AFFIDAVIT

State of Florida
County of St. Lucie

I, _____, am the defendant/petitioner in the above-styled cause and I do hereby swear or 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 nor adjudicated delinquent for committing a felony or a misdemeanor specified in section 943.051(3)(b), Florida Statutes.
3. I was arrested on _____ (date), by _____ (arresting agency), and I have not been adjudicated guilty of, nor adjudicated delinquent for committing, any of the acts stemming from that arrest or the 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 the court.
5. I have never secured a prior records expunction under any law.
6. (For use in expunction petitions only.) My record of arrest for this date has been sealed for at least 10 years; or an indictment, information, or other charging document filed against me was dismissed by the prosecutor or the court.

Petitioner

Sworn to and subscribed before me on _____.

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

NOTARY PUBLIC, or other person authorized to administer an oath

My commission expires:

Printed, typed, or stamped commissioned name of Notary Public

IN THE NINETEENTH JUDICIAL CIRCUIT IN AND FOR ST. LUCIE COUNTY, FLORIDA

STATE OF FLORIDA

CASE NUMBER(S): _____

VS

(Defendant's Name)

DIVISION: _____

PETITION TO EXPUNGE OR SEAL

The petitioner, _____, by and through the undersigned attorney, petitions this honorable court, under Florida Rule of Criminal Procedure 3.692 and section 943.0585 (Expungement) or 943.059 (Sealing) Florida Statutes, to Expunge or 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 _____ (date) by _____ (arresting agency), for _____ charges), and as grounds therefore shows:

1. On _____ (date of arrest), the petitioner _____, a _____ (sex/race), whose date of birth is _____ (date of birth), was arrested by _____ (arresting agency), and charged with _____ (charges).
2. The petitioner has not been adjudicated guilty of nor adjudicated guilty of committing any of the acts 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 nor adjudicated delinquent for committing a felony or a misdemeanor specified in section 943.051(3)(b), Florida Statutes.
4. The petitioner has not secured a prior records expunction or sealing under section 943.0585, or 943.059, Florida Statutes, former section 943.058, Florida Statutes, former section 893.14, Florida Statutes, or former section 901.33, Florida Statutes, or any other law, rule, or authority.
5. (To be used only when requesting expunction.) The petitioner's record has been sealed under section 943.059, Florida Statutes, former section 943.058, Florida

Statutes, former section 893.14, Florida Statutes, or former section 901.33, Florida Statutes, for at least 10 years; or there has not been indictment, information, or other charging document filed against the petitioner who is subject of this criminal history record information; or an indictment, information, or other charging document filed against the petitioner who is the subject of this criminal history information was dismissed by the prosecutor or the court.

6. A Certificate of Eligibility for expunction or sealing of non-judicial criminal history records issued by the Florida Department of Law Enforcement accompanies this petition.

WHEREFORE, the petitioner moves to expunge or seal any criminal history record information and any official court records regarding his/her arrest by _____ (arresting agency),
for _____ (charges),
on _____ (date).

I HEREBY CERTIFY that a true and correct copy of the foregoing pleading has been served on _____ (name of prosecuting authority),
(check one) State Attorney for the 19th Judicial Circuit, in and for St. Lucie County
Special Prosecutor, Statewide Prosecutor; AND to the
arresting agency _____ (arresting agency); St. Lucie County Sheriff; and the Florida Department of Law Enforcement, on _____ (date.)

Name: _____

Address: _____

City/State: _____

Telephone Number: _____

Fla Bar Number: _____

Original: Clerk of the Circuit Court
Copy: State Attorney's Office
Statewide Prosecutor
Florida Department of Law Enforcement
Arresting Agency (_____)

IN THE NINETEENTH JUDICIAL CIRCUIT IN AND FOR ST. LUCIE COUNTY, FLORIDA

STATE OF FLORIDA

CASE NUMBER(S): _____

VS

(Defendant/Petitioner Name)

DIVISION: _____

NOTICE OF HEARING

State of Florida
County of St. Lucie

PLEASE TAKE NOTICE that the petitioner has called for a hearing;

MOTION: SEAL OR EXPUNGE CRIMINAL RECORD

DATE: _____

TIME: _____

JUDGE: _____

PLACE: ST. LUCIE COUNTY COURTHOUSE
218 S. 2ND STREET
FORT PIERCE, FL 34950

I hereby certify that a true and correct copy of the foregoing Motion has been furnished by mail to the State Attorney, 411 South 2nd Street, Fort Pierce, FL 34950 and the Arresting Agency _____

This _____ day of _____, 20____.

Defendant/Petitioner