



Idaho State Police



Service since 1939

Bureau of Criminal Identification

Expungement Application

Applicant Name: _____
(last name) (first name) (middle initial)

Applicant Date of Birth: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____

I was charged for the crime of: _____

I was arrested on: _____ for this crime.

Idaho Court Case Number: _____

County of Court Case Number: _____

Charge(s) applicant seeks to have expunged: _____

Idaho Code §67-3004(10) states:

*Any person who was arrested or served a criminal summons and who subsequently was not charged by indictment or information within one (1) year of the arrest or summons and any person who was **acquitted** of all offenses arising from an arrest or criminal summons may have the fingerprint and criminal history record taken in connection with the incident expunged pursuant to the person's written request directed to the department.*

PLEASE NOTE: Dismissal of your criminal charges does not necessarily mean you were acquitted. An acquittal is a finding by a court or jury that you are "not guilty" of the crime(s) charged. If your criminal case was dismissed without an acquittal, you are not eligible to have your criminal history records expunged.

Applicant's Date of Acquittal: _____

The applicant must also include copies of the following documents with the application:

- 1) A. Criminal citation, or
B. Criminal complaint and summons (Documentation showing you were served the complaint or summons by the sheriff's office), or
C. An indictment, or
D. An information.

AND a **certified copy** of the:

- 2) Court order of acquittal (or dismissal that states you are not guilty of the crime(s) charged).

An incomplete application, or an application that does not include the documentation required above, will not be processed and will be returned to the applicant.

**** If you have been convicted of a sex offense, this law does not apply to you. Do not submit this form, nor contact the Criminal History Unit. Instead, visit the frequently asked questions section of the Idaho Central Registry Sex Offender website.**

Signature of Requestor _____ Date _____

Mail application to:
Idaho State Police
700 S. Stratford Dr., Ste. 120
Meridian, ID 83642
Fax: 208-884-7193

To receive notification, send a self-addressed stamped envelope with the application.

PLEASE ALLOW 30 DAYS FOR PROCESSING