[Your Name]
[Your Address]
[Your City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Recipient Name or Department]
[Agency Name (e.g., Police Department or Clerk of Court)]
[Agency Address]
[City, State, Zip Code]

RE: Request for Record Restriction / Expungement

To Whom It May Concern,

I am writing to formally request the restriction of access to my criminal history record information pursuant to [Insert State Code or Statute, e.g., Georgia Code $ 35-3-37].

The details regarding the record in question are as follows:

- **Full Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Social Security Number:** [Your SSN - Optional/As required]
- **Date of Arrest:** [Date]
- **Case Number/OTN:** [Insert Number]
- **Offense(s) Charged:** [List Charges]

I am requesting this restriction based on the following eligibility criteria:

[Select one or more of the following and delete the others:]
- The charges were dismissed without prosecution.
- The grand jury returned a "No Bill" twice.
- I was found "Not Guilty" of all charges at trial.
- The charges were Nolle Prosequied.
- I have successfully completed a First Offender or Conditional Discharge program.

Enclosed with this letter are copies of the final disposition and any required processing fees. Please update your records and notify the relevant state criminal information center to restrict this information from public view for non-criminal justice purposes.

Please provide written confirmation once this request has been processed. Thank you for your time and assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]