

# Application for Toombs Circuit Record Clearing & Community Resources Event

## OVERVIEW

Date of Event: Saturday, June 29, 2024 from 11:00 am to 3:00 pm

Location: Augusta Technical College - Thomson Campus, 3134 W. Bypass Rd, Thomson Ga 30824.

Application due date: April 12, 2024 by 5:00 pm

Please fill out this application if you are requesting that your criminal history be reviewed to determine if you are eligible for restriction and sealing (expungement) of your Georgia criminal history. The event can only assist with criminal history resolved out of the Toombs Judicial Circuit, which includes McDuffie, Wilkes, Lincoln, Warren, Taliaferro, & Glascock Counties. For more information about what can be cleared from a Georgia record, please visit [www.GJP.org](http://www.GJP.org).

Once you fill out the enclosed application and sign the Consent for Criminal History (pages 2 - 3), bring the completed application packet to one of the below arresting agencies. You may also send the completed application packet by email to McDuffie Deputy Sheriff Barry Whitfield at [barry.whitfield@thomson-mcduffie.gov](mailto:barry.whitfield@thomson-mcduffie.gov).

- McDuffie County Sheriff's Office: 751 Public Safety Drive, Thomson, GA 30824
- Wilkes County Sheriff's Office: 225 Andrew Drive, Washington, GA 30673
- Warren County Sheriff's Office: 169 GA-80, Warrenton, GA 30828
- Taliaferro County Sheriff's Office: 758 Warrenton Rd SE, Crawfordville, GA 30631
- Glascock County Sheriff's Office: 437 E Main Street, Gibson, GA 30810
- Lincoln County Sheriff's Office: 145 School Street, Lincolnton, GA 30817

**\*Registration is required and only the first 100 applications will be reviewed for assistance through the event. Applications must be returned by 5pm on Friday, April 12th to be considered.**

**\*Note for Applicant** - if you have any of the below documents, please have them available for the event:

- Case documents for charges you want expunged
- Case documents for other charges on your record
- Job or housing denials due to your record
- Denials or communications from occupational licensing boards
- Prior requests to clean up your record

# EVENT APPLICATION

Date: \_\_\_\_\_

Name (first, middle, last): \_\_\_\_\_

Maidan Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you currently on probation or parole in any county (misdemeanor, felony, or non-reporting)?  
If yes, please enter any additional information. \_\_\_\_\_

Do you have a pending criminal case in any jurisdiction? If yes, please enter any additional  
information. \_\_\_\_\_

Have you ever been arrested outside of the state of Georgia? If yes, please enter City, County,  
State of your arrest \_\_\_\_\_

## APPLICANT CONSENT

\_\_\_\_ (initial) - I hereby give my consent for the Toombs Circuit District Attorney's Office, the McDuffie, Glascock, Wilkes, Warren, Lincoln, and Taliaferro County Sheriff's Departments and the Thomson Police Department Office to retrieve my Georgia Crime Information Center (GCIC) criminal history under purpose code U for purposes of reviewing my record to determine restriction (restriction and sealing) eligibility. I understand that my GCIC criminal history will be shared with the Georgia Justice Project (a non-profit law firm) for review and consultation. This authorization is valid for 365 days.

\_\_\_\_ (initial) - Limited Scope Representation. Georgia justice Project (GJP), a non-profit organization, will be my attorney for purposes of receiving and reviewing my GCIC criminal history report in preparation for the Toombs Circuit Record Clearing and Community Resources Event on June 29, 2024. GJP will not disseminate or share my GCIC report beyond staff or volunteers assisting with the Event without my permission. GJP will not become my attorney for any other purpose absent a fully signed representation agreement between me and GJP.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# CONSENT FOR CRIMINAL HISTORY

## Arresting Agency

THIS CRIMINAL HISTORY REQUEST WILL RETURN RESULTS FOR THE STATE OF GEORGIA ONLY.

I, \_\_\_\_\_ (LAST NAME, FIRST NAME MIDDLE NAME), request to receive a copy of my Criminal History Record Information. This report entails information provided to the Georgia Crime Information Center relating to my record with any Criminal Justice Agency. I release the McDuffie, Wilkes, Glascock, Lincoln, Warren, and Taliaferro County Sheriff's Offices from all liability claims in relation to the acquisition and release of any information pertaining to me.

PLEASE PRINT LEGIBLY THE FOLLOWING INFORMATION:

FULL NAME: \_\_\_\_\_

NOMBRE LLENO

ADDRESS: \_\_\_\_\_

DIRECCION

CITY, STATE & ZIP CODE: \_\_\_\_\_

CIUDAD, ESTADO, & CODIGO POSTAL

SEX: \_\_\_\_\_

SEXO

RACE: \_\_\_\_\_

RAZA

DATE OF BIRTH: \_\_\_\_\_

FECHA DE NACIMIENTO

SOCIAL SECURITY NUMBER: \_\_\_\_\_

# SEGURIDAD SOCIAL

I hereby certify with my signature below that ALL the information is accurate. Any alterations to this form after its completion may lead to prosecution.

SIGNATURE: \_\_\_\_\_

FIRMA

DATE: \_\_\_\_\_

FECHA

EMPLOYMENT/OTHER (E)  
EMPLEO PROPOSITO

WORK WITH ELDERLY (N)  
TRABJO CON ENFERMO MENTAL

WORK WITH MENTALLY ILL (M)  
TRABAJO CON MENTAL MENTE

WORK WITH CHILDREN (W)  
TRABAJO CON NINOS

PUBLIC RECORDS (P)  
REGISTROS PUBLICOS

PERSONAL COPY/INSPECTION ONLY (U)  
COPIA PERSONAL (NOT FOR EMPLOYMENT USE)

### RECORDS DIVISION USE ONLY

DATE PROCESSED: \_\_\_\_\_

NO CRIMINAL HISTORY ON FILE:

GEORGIA RECORD ON FILE:

GA SID #: \_\_\_\_\_

NUMBER OF PAGES: \_\_\_\_\_

RECORDS CLERK'S INITIALS: \_\_\_\_\_