

## INSTRUCTIONS FOR COMPLETING A WISCONSIN FINGERPRINT RECORD REMOVAL REQUEST

All fingerprint record removals will be in compliance with Wisconsin State Statute 165.84 (1). The use of this form is intended to safeguard the rights of the signatory and to ensure proper removal of the record. Legible inked fingerprint impressions are mandatory to verify the identity of the requester with the record, should one exist. Any law enforcement agency can assist in obtaining the inked, rolled fingerprint impression. If either finger is injured, provide the impression of another finger, but clearly designate which fingers were used for the rolled impression.

- 1. All record removal requests must be made by the requesting candidate using the Wisconsin Fingerprint Record Removal Request Form (DJ-LE-250B), and sent to the Crime Information Bureau, Attn: Criminal History Unit, P.O. Box 2718, Madison, WI 53701-2718. This form may not be submitted by fax.
- 2. The form must be completed fully, including all identifying information, two fingerprints and candidate's signature.
  - a. Conviction information must include court case number and charge. This information may be found on CCAP (Wisconsin Circuit Court Access) http://wcca.wicourts.gov/index.xsl or through the Municipal Court for ordinance offenses.
  - b. If the request is subsequent to a conviction, finding, or an adjudication, <u>supporting documentation</u> <u>must be provided</u>, which shall include a certified copy of the court order reversing, setting aside, or vacating the conviction.
- 3. One of the following parameters must be met before arrest fingerprints can be removed:
  - a. All offenses reported on the arrest fingerprint card must have resulted in you being released without charge (or not prosecuted) or you being cleared of all offenses through court proceedings. Dismissal of only some of the offenses but convictions on others precludes the removal of the record. Convictions on lesser offenses also precludes removal of the record.
  - b. Completion of a first offender program (deferred prosecution) which results in no prosecution or dismissal qualifies for removal, providing documentation is provided showing successful completion along with proof of dismissal or no prosecution. Supporting documentation must accompany this request.
  - C. If the request is for removal of juvenile arrest information (under 18 prior to 01/01/1996 and under 17 after 01/01/1996 for state charges and 07/01/1996 for ordinance charges), documentation of the dismissal or no prosecution MUST accompany the request.
- 4. A court ordered expungement under s. 973.015 Wis. Stats. does not qualify for expungement from the state criminal history record since the case resulted in a conviction. Court ordered expungements or sentencing under a youthful offender provision still results in a conviction and would preclude the removal of the fingerprint record. Court ordered expungement seals the court files but has no effect on files maintained by the Wisconsin Department of Justice. Removal of arrest information from the Department of Justice files has no effect on the availability of the same information from court files or police records. State v. Leitner, 2002 WI 77, 253 Wis. 2d 449, 646 N.W.2d 341, 00-1718.
- Not all offenses are reported to the Department of Justice. If you were not fingerprinted for the requested offense, the Department of Justice will not have a record of that offense and it will not appear on your state criminal history record.
- 6. Successful requests will result in either the return of the arrest fingerprint card or deletion of the electronically stored document. If the fingerprint record being removed from the Department of Justice record was reported to the Federal Bureau of Investigation (FBI), the Department of Justice will notify the FBI to remove that information from the FBI file.
- 7. Time to process a request varies. If your request qualifies and the disposition has been reported to the Department of Justice your request will be processed promptly. If the disposition has not been submitted by the court, prosecutor or arresting agency, staff will need to obtain the disposition, make sure the disposition qualifies the removal of the record, update the criminal history and then process the request. If you have documentation regarding the dismissal of the offense(s) involved in your request, you should include copies with the request to speed processing.



Request Number:

## **WISCONSIN FINGERPRINT RECORD REMOVAL REQUEST**

I hereby request that the Crime Information Bureau, Division of Law Enforcement Services of the Wisconsin Department of Justice, remove the following described fingerprint record, if it exists, pursuant to Wisconsin Statute 165.84 (1). The information provided below must match the information furnished by the arresting agency at

DJ-LE-250B 01/03/2017 the time of the arrest.

20 EE 2005 0 1700/2017 the time of the time of								
Person Submitting the Request (Print or Type)								
LAST NAME:		FIRST NAME:				FULL MIDDLE NAME:		
STREET ADDRESS:					APARTMENT NUMBER:			
CITY:			STATE:			ZIP:		
Subject of the Record and Arrest to be Removed (Print or Type)								
LAST NAME:	FIRST NA	` , ,				FULL MIDDLE NAME:		
GENDER:  Male Female	RACE:	Ξ:				DATE OF BIRTH (mm/dd/yyyy)://		
DATE OF ARREST:			RESTING AG	ENCY:	ARRESTIN	ARRESTING AGENCY CASE #:		
DATE OF CONVICTION OR ADJUDICATION :			IE OF COUR	RT:	CHARGE	CHARGE & DISPOSITION:		
DATE OF ARREST:			RESTING AG	ENCY:	ARRESTIN	ARRESTING AGENCY CASE #:		
DATE OF CONVICTION OR ADJUDICATION :			NAME OF COURT:			CHARGE & DISPOSITION:		
DATE OF ARREST:			RESTING AG	ENCY:	ARRESTING AGENCY CASE #:			
DATE OF CONVICTION OR ADJUDICATION :			ME OF COUF	RT:	CHARGE & DISPOSITION:			
FINGERPRINTS					<u> </u>			
Place one fingerprint from each subject's index fingers in the buthe right. This fingerprint will be confirm the identity of the subjection.								
LEFT INDEX FINGER  If necessary to proceed with your fingerprint record removal request, the signature below also represents a request to expunge your DNA Databank Record at the Wisconsin State Crime Laboratory.								
I attest that all the information provided is accurate and true to the best of my knowledge.  Signature of Requester:					edge.	Date:		

DO NOT WRITE BELOW THIS LINE

(For DLES Use Only)