

STATE OF CONNECTICUT DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION https://portal.ct.gov/DESPP

Instructions

- 1. Only use this form to request a hearing of erasure of convictions for offenses committed after January 1, 2000 that are eligible for <u>Clean Slate</u> <u>Erasure</u>.
- 2. You <u>must</u> submit a copy of your current criminal history record, which must be dated on or after 01/01/2024, demonstrating that such conviction has not been marked as erased. If the criminal history record is not submitted along with this form, your submission will be deemed incomplete and your request for a review and/or hearing will be denied. You can request a copy of your criminal history record in one of the following ways:
 - a. Online by clicking here and following the instructions or
 - b. Via mail by completing **DPS-0846-C** and submitting payment of the statutory fee.

Please contact <u>State Police Bureau of Identification</u> (SPBI) at (860) 685-8480 option 4 should you have further questions on criminal history record information.

3. File this form with DESPP, along with your criminal history record, either by clicking the submit button below, or by printing this form and mailing it with your supporting documentation to DESPP, Attn: Legal Affairs Unit, 1111 Country Club Road, Middletown, CT 06457.

Name:		Date of Birth:
Aliases/Maiden Names used:		
Address:		
Email:	Telephone #:	

Offenses seeking erasure, per the affixed criminal history record information search:

	Docket or Case Information	Please provide details as to why the offense(s) should be erased	
1.			
2.			
3.			

Process

- Upon DESPP's receipt of this form and a current criminal history record, an audit shall be completed and the applicant will receive one of the following notifications:
 - The information provided has been *verified* and *approved*, offense(s) will be erased under Clean Slate no further action is required by the applicant.
 - The information provided has not been verified, therefore, a Clean Slate erasure hearing will be scheduled.

Certification			
Ihereby swear that the information contained in this form is true and accurate to the best of my knowledge and belief. I			
understand that any false statement herein, which I do not believe to be true, and which is intended to mislead a public servant in the performance of his			
or her official function, is punishable by law (See C.G.S. §53a-157b.)			
Sign:	Date:		