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## • Obtaining Your Criminal Records •

The first step in restoring your rights is to know the details of your convictions. If you don't know the information, that's OK! You're not the only one, many of our clients don't have their information. On this page we'll provide you the forms you need and instructions on how to obtain your records.

### **Who do I contact to get my records?**

In Arizona, the Arizona Department of Public Safety assists in providing complete Arizona records. [ARS § 41-1750](#) outlines regulations on this.

### **How do I get my Records Review?**

You can obtain your Records Review by mailing an application to DPS. We'll outline the process below. We've prepared this easy to print PDF file which contains all the forms you'll need.

### **Step One:**

Complete the Records Review Contact Information Sheet. This information will be used in case DPS needs to contact you about your Records Review. Make sure you use your current phone number and address that you can be contacted at. The form for this is in the PDF packet we're providing.

### **Step Two:**

Get a full set of fingerprints on the form that's included in the PDF we're providing you. You will need a law enforcement agency to do your prints for you. The process can vary a little between different departments so just call your local police non-emergency number and they can give you further information. Some departments will want to use their own fingerprint card rather than the included form in our PDF. That is OK as long as it is the standard FBI style card.

- Name
- Address
- Signature

- Social Security Number
- Descriptive Data (such as height, weight, eye color, etc)
- Date of Birth
- Place of Birth
- All 10 rolled fingerprints
- The plain impressions including thumbs of both hands
- The name of the law enforcement agency and the badge or serial number of the official taking your fingerprints
- Write "RECORDS REVIEW" in the "Reason" box of your fingerprint form.

### **Step Three:**

Include a pre-addressed envelope with your current mailing address on it.

### **Step Four:**

Use an envelope big enough to hold all your forms **without bending them**. This is critical. If your fingerprint form is folded DPS will not accept it.

### **Step Five:**

Mail everything to:

**Arizona Department of Public Safety  
Criminal History Records Unit  
PO Box 18450  
Phoenix, AZ 85005-8450**

DPS will mail your Records Review approximately 2 weeks later to the address on your pre-addressed envelope and contact sheet.

### **Step Six:**

After you receive your Records Review, please contact us so we can move forward with your rights restoration, expungement, or set-aside case. You can reach us by phone at **(928) EXPUNGE** (928-397-8643) or email **info@azrightsrestoration.com**.



DOUGLAS A. DUCEY      FRANK L. MILSTEAD  
Governor                      Director

**ARIZONA DEPARTMENT OF PUBLIC SAFETY**  
2102 WEST ENCANTO BLVD. P.O. BOX 6638 PHOENIX, ARIZONA 85005-6638 (602) 223-2000

*"Courteous Vigilance"*

## **RECORD REVIEW PACKET INSTRUCTIONS**

### **INSTRUCTIONS FOR THE SUBJECT OF RECORD TO OBTAIN A COPY OF THE INFORMATION IN HIS/HER STATE CRIMINAL RECORD**

The Central State Repository of Arizona Department of Public Safety (DPS) maintains Arizona criminal history record information. The subject of a criminal record may review the information contained in his/her Arizona record for the **SOLE PURPOSE OF REVIEWING THE ACCURACY AND COMPLETENESS OF THE RECORD** (see Section 41-1750 of the Arizona Revised Statutes).

Individuals who wish to review their criminal history record:

- Must submit a full set of legible rolled fingerprints to ensure positive identification and that the subject of record receives the correct record.
- In addition to the subject's identifying information (NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER, PHYSICAL DESCRIPTION, SIGNATURE, RESIDENCE), the fingerprint card must state "RECORD REVIEW" under reason fingerprinted.
- **Fingerprints must be taken by an official at a law enforcement agency. The badge/serial number of the official and the name of the agency must appear in the block provided.**
- Do not bend or fold the completed fingerprint card.
- Complete the Record Review Contact Information Sheet.
- If represented by an attorney, the attorney must submit a notarized letter of authorization from the subject in order to obtain the subject's criminal history record.
- Mail the completed fingerprint card, Record Review Contact Information Sheet and notarized authorization letter, if applicable, to :

**ARIZONA DEPARTMENT OF PUBLIC SAFETY  
CRIMINAL HISTORY RECORDS UNIT  
PO BOX 18450  
PHOENIX, AZ 85005-8450**

Upon completion of the record review:

- A copy of any existing Arizona criminal record will be mailed in approximately 2 weeks to the address provided on the completed Record Review Contact Information Sheet.
- Criminal records will contain no personal identifying information (such as name, address, etc.)

**If you have any questions concerning your submission, please contact the Criminal History Records Section at (602) 223-2229, 6 a.m. to 9 p.m.**

## RECORD REVIEW CONTACT INFORMATION SHEET

*Please complete the contact information below and mail with your completed fingerprint card so that we can contact you if we have any questions regarding your record review.*

**NAME:**

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**FULL ADDRESS:**

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**TELEPHONE NUMBER:**

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# APPLICANT

\* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME

NAM

FIRST NAME

MIDDLE NAME

FBI

LEAVE BLANK

FD-258 (REV 12-10-07)

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O  
R  
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB  
Month Day Year

CITIZENSHIP CTZ

SEX

RACE

HGT.

WGT.

EYES

HAIR

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

AGENCY/OFFICIAL TAKING FINGERPRINTS

FBI NO. FBI

AGENCY NAME: \_\_\_\_\_

ARMED FORCES NO. MNU

BADGE/SERIAL #: \_\_\_\_\_

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

# Record Review

1 R THUMB

2 R INDEX

3 R MIDDLE

4 R RING

5 R LITTLE

6 L THUMB

7 L INDEX

8 L MIDDLE

9 L RING

10 L LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L THUMB

R THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

**FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE  
CJIS DIVISION/CLARKSBURG, WV 26306**

**1. LOOP**

CENTER  
OF LOOP

DELTA

THE LINES BETWEEN CENTER OF  
LOOP AND DELTA MUST SHOW

**2. WHORL**

DELTA

THESE LINES RUNNING BETWEEN  
DELTA MUST BE CLEAR

**3. ARCH**

ARCHES HAVE NO DELTAS

# APPLICANT

**THIS CARD FOR USE BY:**

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.\*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.\*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.\*\*
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy criminal and civil fingerprint submissions in order to prevent delays or rejections. **Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation.**

**Ensure all information is typed or legibly printed using blue or black ink.**

**Enter data within the boundaries of the designated field or block.**

**Complete all required fields.** (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

- \* The required fields for hard copy fingerprint cards are: originating agency identifier number - date of birth - place of birth - name - sex fingerprint impressions - any applicable state stamp - Other (race, height, weight, eye color, hair color)

\* criminal fingerprint cards also require an arrest charge and date of arrest.

\* civil fingerprint cards also require a reason fingerprinted and date fingerprinted

**Do not use highlighters on fingerprint cards.**

**Do not enter data or labels within 'Leave Blank' areas.**

**Ensure the 'Reply Desired' field is checked when applicable (criminal only).**

**Ensure fingerprint impressions are rolled completely from nail to nail.**

**Ensure fingerprint impressions are in the correct sequence.**

**Ensure notations are made for any missing fingerprint impression (i.e. amputation).**

**Do not use more than two retabs per fingerprint impression block.**

**Ensure no stray marks are within the fingerprint impression blocks.**

Training aids can be ordered online via the Internet by accessing the FBI's website at: [fbi.gov](http://fbi.gov), click on 'Fingerprints', then click on 'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Identification and Investigative Services Section's Customer Service Group at (304) 625-5590 or by e-mail at <[tlalson@leo.gov](mailto:tlalson@leo.gov)>.

**PRIVACY ACT STATEMENT**

**Authority:** The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**Routine Uses:** The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

**INSTRUCTIONS:**

- \* 1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
  2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
  3. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- \*\* MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. (FP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).