



Douglas County District Attorney  
TRUTH. JUSTICE. COMMUNITY.

**Request for Restricted Access**

Fill out this form in its entirety and leave a phone number where we can best contact you if we have any further questions.  
Please allow 5-10 business days to process this request.

**Did conviction occur in Douglas County, GA?** Yes \_\_\_ No \_\_\_

\*If you answered NO, contact the county of conviction to request Restricted Access.

Name: \_\_\_\_\_  
Last First Middle Maiden

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Check One: Male \_\_\_ Female \_\_\_ \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_  
\*Approximate Month/Year if you do not have exact date

Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

What are you looking to have restricted?: \_\_\_\_\_

I request that the District Attorney's Office review my criminal history for inaccuracies regarding this offense. I understand that the District Attorney's Office will review my application and provided documentation, and make a determination as to whether an error exists on my criminal history.

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

Approved by \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use:  
Government Issued ID Verified: [ Y ] [ N ]  
Copy of ID attached to Document: [ Y ] [ N ]