



**Ministry Of Human Development,
Families & Indigenous Peoples' Affairs**
Equality and Inclusion

APPLICATION FOR EXPUNGEMENT OF A CRIMINAL RECORD

Criminal Records (Rehabilitation of Offenders) Board

PART I

GUIDELINES:

Please read the following carefully before completing the Application Forms

- I. Complete **Two (2)** Application Forms to include the names, addresses and contact information of **Two (2)** Referees (Recommenders) who are **NOT** Family Members. Must be the same as name on recommendations.
Note: (NO photocopied applications will be accepted)
- II. The **Two (2)** completed Application Forms **MUST** be submitted to the Ministry of Human Development, Families and Indigenous Peoples' Affairs Office in your district, along with the following:
 1. Copy of your police record.
 2. Receipt from the Treasury Department of your payment for the processing of an application (**One-Hundred dollars (\$100)**).
 3. **Two (2)** letters of recommendation (Character References) addressed to the Criminal Records (Rehabilitation of Offenders) Board, c/o Community Rehabilitation Department, Lake Independence Boulevard Belize City, Belize.
 4. Any other document in support of the application (e.g. Personal statement, proof of employment etc.)

GENERAL INFORMATION:

- Letters of recommendation can be typed or handwritten (If handwritten, must be in print only) and **MUST** be dated and signed, have a return address and include the following information:
 - a. How long the referee (recommender) has known the applicant.
 - b. How the applicant conducts himself/herself.
 - c. Whether the referee (recommender) would support that the applicant's conviction(s) be expunged.
- Referees (Recommenders) **MUST** be of unquestionable character. These persons may include Ministers of Religious Denomination, Village Chairpersons, Justices of the Peace, School Principals, Legal Practitioners, Medical Practitioners and Police Officers (Inspector and above).
- Application Packages are to be addressed to: Criminal Records Secretariat, Community Rehabilitation Department, Lake Independence Boulevard Belize City, Belize.



PART II

**APPLICATION FOR EXPUNGEMENT FROM THE RECORDS OF A SPENT
CONVICTION**

CRIMINAL RECORDS (REHABILITATION OF OFFENDERS) ACT, 2024

1. Last Name Mr./Mrs./Miss

2. First Name Middle Name Male Female

3. Date of Birth Age Place of Birth
(dd/mm/yyyy)

4. Current Address

5. Previous address(es) within the last five (5) years

6. Occupation

7. Name and address of employer (if any)

8.

Offence for which convicted	Sentences	Date and place convicted	Court convicted
(i)			
(ii)			
(iii)			
(iv)			
(v)			
(vi)			
(vii)			



9. Provide the date on which, where applicable, you completed the serving of your sentence, including the date on which any period of disqualification, disability or prohibition ceased and the extent to which any condition attaching to such sentence has been complied with.

10. Provide the date from which the conviction was treated as a spent conviction and the date from which, by virtue of the expiry of the additional rehabilitation period, you became eligible to make this application.

11. Are you re-applying? Yes No

12. Explain the reason for expungement?

13. Names, addresses and contact number(s) of two (2) persons to be contacted on behalf of applicant.

(i) _____

(ii) _____

14. Names, addresses and contact number(s) of two (2) referees to provide recommendations (no family members).

(i) _____

(ii) _____

DATE (dd/mm/yyyy)

SIGNATURE OF APPLICANT



FOR OFFICIAL USE ONLY

COMMENTS OF OFFICER IN CHARGE	COMMENTS / DECISION OF BOARD	
	Application Approved	Refused
	Chairperson's Signature	Date
	Members of the Board	Date