



IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

Judge or Division:	Case Number:
	Court ORI Number:

Petitioner: _____ vs. _____ (Date File Stamp)

Defendant(s):

<input type="checkbox"/> Circuit Court Division _____	<input type="checkbox"/> _____ County Sheriff's Dept.
<input type="checkbox"/> Associate Court Division _____	<input type="checkbox"/> _____ Municipal Police Dept
<input type="checkbox"/> Municipal Court Division _____	<input type="checkbox"/> _____ Missouri Highway Patrol Troop
<input type="checkbox"/> Criminal Records Repository	Prosecutor's Office (include name of county or city)
	<input type="checkbox"/> County _____
	<input type="checkbox"/> Municipal _____
<input type="checkbox"/> Other (include name and address of agency)	

Petition for Expungement of Arrest Records

Pursuant to Section 610.122, RSMo, I request that the court issue an order to expunge my record of arrest, for the following criminal case:

I am filing this petition in the county where the arrest occurred and I hereby swear that I have no prior or subsequent misdemeanor or felony convictions and I did not receive a suspended imposition of sentence (SIS) for the offense for which the arrest was made or for any offense related to the arrest. I also state that the arrest was based on false information, there is no probable cause at the time of the action to expunge to believe that I committed the offense and charges will be pursued as a result of the arrest, and no civil action is pending relating to the arrest or the records sought to be expunged .I am providing my fingerprints on a standard fingerprint card for verification of my identity.

I have reason to believe the agencies named above as defendants may possess records subject to expungement.

Full Name		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race
Date of Birth	Social Security Number	Driver's License Number	
Address at Time of Arrest		Offense Charged	
Date of Arrest	Arrest Citation Number	If criminal charges were filed, date of dismissal or reversal	
County where Petitioner was arrested (if Arrest Occurred in a Municipality, also Name Municipality)		Name of Arresting Agency	

Case Number and Division of Court of the Offense Circuit Associate Municipal Division _____
 # _____ Not Applicable

I swear the facts stated in the above petition are true according to my best knowledge and belief.

 Petitioner's Signature/Address

Subscribed and sworn to before me this _____ day of _____, _____

My commission expires: _____

 Notary Public/Judge/Clerk

Instructions to Clerk

1. A copy of the petition shall be issued to the prosecuting attorney.
2. A copy of the petition and the fingerprint card should be sent to the Missouri Criminal Record Repository.
3. Give notice of the hearing to the prosecuting attorney and each official, or agency, or other entity named in the petition..