



Petition for Expungement – Mistaken Identity

IN THE _____ JUDICIAL CIRCUIT, _____ COUNTY, MISSOURI

Judge or Division:	Case Number:
	Court ORI Number:
	Offense Cycle No. (OCN):
Petitioner:	
vs.	
(Date File Stamp)	
Respondent(s):	
<input type="checkbox"/> Circuit Court Division _____ <input type="checkbox"/> Associate Court Division: _____	
<input type="checkbox"/> Municipal Court Division _____ <input type="checkbox"/> _____ Municipal Police Dept.	
<input type="checkbox"/> _____ County Sheriff's Dept.	
<input type="checkbox"/> _____ Municipal Police Dept.	
<input type="checkbox"/> Missouri Highway Patrol Troop: _____	
<input type="checkbox"/> Criminal Records Repository	
<input type="checkbox"/> Missouri State Highway Patrol (MSHP), Criminal Justice Information Services (CJIS) Division	
<input type="checkbox"/> 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):	

I was erroneously named as the defendant in the case referenced below in that

- ☐ 1) My identifying information was used by another person; or
- ☐ 2) I was the victim of mistaken identity.

All resulting charges against me have been dismissed or I have been found not guilty. I have reason to believe the agencies named above as respondents may possess records subject to expungement.

I am filing this petition in the court where the charge was last pending.

Pursuant to section 610.145, RSMo, I hereby request that the court issue an order to expunge from all official records relating to the apprehension, charge, or trial any entries that erroneously identify me in the record.

Petitioner's Full Name: _____

Sex: ☐ Male ☐ Female

Date of Birth: _____

Social Security Number: _____ Driver's License Number: _____

Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ Unknown

Address at Time of Arrest: _____

Offense Charged: _____

Date of Arrest: _____ Arrest Citation Number (if known): _____

Date of Dismissal/Acquittal: _____

County where Arrest Occurred (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/affirm under penalty of perjury that these facts are true according to my best knowledge and belief.

Petitioner's Signature

Petitioner's Address

Instructions to Clerk

Give notice of the hearing to the prosecuting attorney.