Petition for Expungement – Marijuana-Related Offense(s)

IN THE _____ JUDICIAL CIRCUIT, _____ COUNTY, MISSOURI

Judge or Division:	**Case Number:**
Petitioner: vs.	(Date File Stamp)

Defendant(s): (select or list all of the agencies you believe may have records of each of the convictions you seek to expunge, attach additional sheets as necessary)

- ☐ Circuit Court Division _____
- ☐ _____ County Sheriff's Dept.
- ☐ _____ Municipal Police Dept.
- ☐ Missouri State Highway Patrol (MSHP), Criminal Justice Information Services (CJIS) Division
- ☐ Prosecuting Attorney(s) / Circuit Attorney(s) (include name of county)

  County _____
- ☐ Other (include name and address of agency)

The marijuana-related convictions listed below occurred and were prosecuted within the state of Missouri. I am filing this petition in the county where the conviction(s) was/were charged or I was found guilty.

☐ I am currently incarcerated for a marijuana-related offense that is a misdemeanor or a class E or D felony involving three pounds or less of marijuana. The offense would not have been a crime or would have been a lesser offense had sections 1 and 2 of article XIV of the Missouri Constitution been in effect at the time of the offense.

☐ I am not currently incarcerated or on probation for a marijuana related offense.

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

Pursuant to Article XIV, section 2 of the Missouri Constitution, I request that the court vacate my sentence(s), order immediate release from incarceration or other supervision, and issue an order to expunge my record of arrest, plea, trial, and conviction(s) for the marijuana-related case(s) identified below.

Full Name: _____

Year of Birth: _____ Sex: ☐ Male ☐ Female

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

Current Address:

Please provide the following information for the arrest, plea, trial and conviction(s) to be expunged. Attach additional sheets as necessary.

Case Number	Court Name	Approx. Date of Charge	County of Charge	Number and Description of Charge

I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information, and belief.

_____
Petitioner's Signature