



# Petition for Correction of Arrest/Court Records – Identity Theft

IN THE \_\_\_\_\_ JUDICIAL CIRCUIT, \_\_\_\_\_ COUNTY, MISSOURI

Judge or Division:	<b>Case Number:</b>
	Court ORI Number:
	Offense Cycle No. (OCN):
Petitioner:	
vs. _____ (Date File Stamp)	

Respondent(s):

Circuit Court Division \_\_\_\_\_  Associate Court Division: \_\_\_\_\_

Municipal Court Division \_\_\_\_\_  \_\_\_\_\_ Municipal Police Dept.

\_\_\_\_\_ County Sheriff's Dept.

\_\_\_\_\_ Municipal Police Dept.

Missouri Highway Patrol Troop: \_\_\_\_\_

Criminal Records Repository

Missouri State Highway Patrol (MSHP), Criminal Justice Information Services (CJIS) Division

Prosecutor's Office (include name of county or city)

County \_\_\_\_\_

Municipal \_\_\_\_\_

Other (include name and address of agency):

I am the victim of false impersonation and my identity has been falsely reported in arrest and court records. I have reason to believe the agencies named above as respondents may possess records subject to expungement or correction.

I am filing this petition in the county where the arrest occurred.

I am providing my fingerprints on a standard fingerprint card for verification of my identity.

Pursuant to sections 575.120.4 and 610.123, RSMo, I hereby request that the court issue an order to expunge the following arrest and court records that falsely identify me and to correct the arrest and court records to accurately reflect the identity of the defendant:

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 Conviction (if known): \_\_\_\_\_

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

**If known, complete the following:**

Defendant'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

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**

1. A copy of the petition shall be issued to each official, agency or other entity named in the petition.
2. A copy of the petition and the fingerprint card shall 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.