



IN THE 12th JUDICIAL CIRCUIT, WARREN 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)	
<input type="checkbox"/> Circuit Court Division _____	<input type="checkbox"/> _____ County Sheriff's Dept.
<input type="checkbox"/> _____ Municipal Police Dept.	<input type="checkbox"/> Other (include name and address of agency) _____
<input type="checkbox"/> Missouri State Highway Patrol (MSHP) Criminal Justice Information Services (CJIS) Division	_____
<input type="checkbox"/> Prosecuting Attorney(s) / Circuit Attorney(s) (include name of county) _____ County _____	_____ _____

Petition for Expungement – Marijuana-Related Offense(s)

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 charged or I was found guilty.

I am currently incarcerated for a marijuana-related offense that is a misdemeanor or class E felony or class 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 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:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:	Year of Birth:
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