	gement of Arrest Records CIRCUIT,	_COUNTY, MISSOURI
Judge:	Case Number:	
	Court ORI No.:	
Petitioner	VS.	
Defendant(s):		(Date File Stamp)
	🗆	County Sheriff's Dept.
Associate Court Division		Municipal Police Dept
Municipal Court Division	□	Missouri Highway Patrol Troop
Criminal Records Repository	Prosecutor's Office (include na	me of county or city)
	County	
	Municipal	

Other (include name and address of agency):

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 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; no 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 am filing this petition in the county where the arrest occurred. I was arrested for, or was subsequently charged with, a misdemeanor offense of chapter 303 or a moving violation as the term "moving violation" is defined under section 302.010, RSMo, except for any intoxication-related traffic or boating offense as "intoxication-related traffic offense" and "intoxication-related boating offense" are defined under section 577.001, RSMO; and each offense or violation related to the arrest was subsequently nolle prossed or dismissed, or I was found not guilty of each offense or violation; I am not a commercial driver's license holder and was not operating a commercial motor vehicle at the time 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 🗌 M 🗌 F Race			
Date of Birth Social Security N		umber	Driver's	License Numb	er
Address at Time of Arrest		Offense Charged			
Date of Arrest Arrest Citation N	lumber If crimin	al charges	s were filed,	date of dismis	sal or reversal
County where Petitioner was arres (if Arrest Occurred in a Municipalit also Name Municipality)		Name of	Arresting A	gency	
Case Number and Division of Cou	rt of the Offense		cuit 🗌 A	Associate	Municipal
		Division			
#		Not	Applicable		
I swear the facts stated in the above	e petition are true a			nowledge and	
Subscribed and sworn to before me	this	day of			,
My commission expires:					
			Notary Pub	lic/Judge/Clerl	K

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.