



IN THE _____ JUDICIAL CIRCUIT COURT, _____, MISSOURI

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

Petition for Correction of Arrest/Court Records – Identity Theft

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 <input type="checkbox"/> M <input type="checkbox"/> F	Race
Date of Birth	Social Security Number	Driver's License Number	
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		<input type="checkbox"/> Circuit <input type="checkbox"/> Associate <input type="checkbox"/> Municipal Division _____	
# _____		<input type="checkbox"/> Not Applicable	

If known, complete the following :

Defendant's Full Name		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race
Date of Birth	Social Security Number	Driver's License Number	

I swear/affirm under penalty of perjury that these facts are true according to my best knowledge and belief.

Petitioner's Signature/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.