



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)
<b>Respondent(s):</b> <input type="checkbox"/> Circuit Court Division _____ <input type="checkbox"/> Associate Court Division _____ <input type="checkbox"/> Municipal Court Division _____ <input type="checkbox"/> Criminal Records Repository <input type="checkbox"/> Other (include name and address of agency): _____	
<input type="checkbox"/> _____ County Sheriff's Dept. <input type="checkbox"/> _____ Municipal Police Dept. <input type="checkbox"/> _____ Missouri Highway Patrol Troop Prosecutor's Office (include name of county or city) <input type="checkbox"/> County _____ <input type="checkbox"/> Municipal _____	

**Petition for Expungement – Mistaken Identity**

I was erroneously named as the defendant in the case referenced below in that  1) My identifying information was used by another person; or  2) I was the victim of mistaken identity.

All resulting charges against me have been dismissed or I have been found not guilty. I have reason to believe the agencies named above as respondents may possess records subject to expungement.

I am filing this petition in the court where the charge was last pending.

Pursuant to section 610.145, RSMo, I hereby request that the court issue an order to expunge from all official records relating to the apprehension, charge, or trial any entries that erroneously identify me in the record.

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 Dismissal/Acquittal	
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			

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**

Give notice of the hearing to the prosecuting attorney.