



Judge or Division:	Case Number:
Defendant's Name/Address:	Applicant's Name (Please Print):
	Agency Applicant Represents:
	Agency Address:
	Agency's Telephone Number:

(Date File Stamp)

Application to Inspect Closed Criminal Records

I request the Court to authorize access to closed criminal records in which _____ is named a defendant.

I am the defendant or the defendant's authorized representative (unless representative is the attorney of record, attach a copy of the authorization.)

I am the victim of an offense, as defined and for the purposes identified in Section 610.105 RSMo.

Access is desired for purposes of:

- prosecution
- sentencing
- parole consideration
- investigation by a federal agency as authorized by law or Presidential Order
- criminal justice employment
- child care employment
- elder care employment
- disabled care employment
- administration of criminal justice, as defined and for the purposes identified in Section 43.500 RSMo
- law enforcement agency for issuance/renewal of license, permit, certificate and registration
- state agency, as defined and for the purposes identified in Section 43.543 RSMo
- other, as defined by Section 610.120 RSMo, (please explain): _____

_____ Date

_____ Applicant's Signature

_____ Bar Number (If an Attorney)

Order

Pursuant to Section 610.120 RSMo, the above Application to Inspect Closed Criminal Records is granted denied.

_____ Date

_____ Judge