

Judge or Division:	Case Number:			
Petitioner:				
		VS.	(Date File Stamp)	
Defendant(s): (select or list all of the a additional sheets as necessary)	gencies you believe may have	e records of each of the convio	ctions you seek to expunge, attach	
Circuit Court Division		□	County Sheriff's Dept.	
Municipal Division, City of		□	Municipal Police Dept.	
Missouri State Highway Patrol (MSHP) Criminal Justice Information Services (CJIS) Division		Other (include name and address of agency)		
Prosecuting Attorney(s) / Circuit At	torney(s) (include name of cou	unty)		
County				
Missouri Department of Revenue				

## Petition for Expungement – Section 610.140, RSMo.

Pursuant to section 610.140, RSMo, I request that the court issue an order to expunge my record of arrest, plea, trial, or conviction(s), for the criminal case(s) identified below.

All of the 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 hereby swear:

- 1. That the appropriate amount of time has lapsed since the arrest and/or completion of the authorized disposition imposed for each offense that I am asking to have expunged; it has been at least seven years for any felony offense or least three years for any misdemeanor, infraction, or ordinance violation;
- I have not been found guilty of any other misdemeanor or felony, not including violations of the traffic regulations provided under chapters 304 and 307, RSMo, during the time period specified for the underlying offense, violation, or infraction in section 610.140.5.1, RSMo;
- 3. I have satisfied all obligations relating to any such disposition, including the payment of any fines or restitution;
- 4. I do not have any charges pending;
- 5. My habits and conduct demonstrate that the petitioner is not a threat to the public safety of the state;
- 6. I have not previously been granted an expungement or I have previously been granted an expungement (list court and case number: \_\_\_\_\_\_); and
- 7. The expungement is consistent with the public welfare and the interests of justice warrant the expungement.

I have reason to believe the agencies named above as defendants may possess records subject to expungement. The court's order of expungement shall not affect any person or entity not named as a defendant in the action. I understand that if I do not meet all the criteria for any of the offenses listed for expungement or knowingly provide false information, the petition will be dismissed by the court and I may not refile another petition until a year has passed since the date of filing this petition.

Full Name:	Sex:	Race:	Date of Birth:
Current Address:	Driver Licen	se No./Issuing State/Exp. [	Date:

Please provide the following information for the arrest, plea, trial or conviction(s) to be expunged. Attach additional sheets as necessary.

Case Number	Court Name	Approx. Date of Charge	County/Municipality of Charge	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