

IN THE CIRCUIT COURT OF CLAY COUNTY, MISSOURI

Judge or Division: Seven		Case Number:								
			Court ORI No.	•						
Petitio	oner:									
						VS.			(Date File Stamp)	
Defendant(s):										
Circuit Court Division					County Sheriff's Dept.					
Associate Court Division			🗆		Municipal Police Dept				ice Dept	
□ N	Municipal Court Divis	ion					_ Missouri	High	nway Patrol Troop	
	Criminal Records Rep	ository	Pros	secutor's Of	fice (ir	iclude name	of county	or city	y)	
				County						
				Municipal						
	Other (include name a	nd address of	agency):							
_										
_										
1		Pe	etition for E	Expunge	ment	of Arre	est Reco	<u>rds</u>		
_		610.122, RSMo	, I request that the	court issue ar	n order	to expunge n	ny record of a	arrest,	for the following criminal	
C	ase:									
o to re	I am filing this petition in the county where the arrest occurred and I hereby swear that I have no prior or subsequent misdemeanor or felony convictions 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 and 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.									
F	I have reason to believe the agencies named above as defendan Full Name				ay poss Sex	ess records su	abject to exp	ungen	nent.	
						_			Race	
Γ	Date of Birth	Social Security	y Number		Driver'	s License Nu	mber			
A	Address at Time of Arrest				Offense Charged					
Г	Date of Arrest	Arrest Citation	n Number		If crimi	inal charges v	were filed, da	ite of	dismissal or reversal	
C	County where Petitioner was arrested				Name of Arresting Agency					
(i	(if Arrest Occurred in a Municipality, also Name Municipality)									
	Case Number and Division			☐ Circuit	_	Associate	Muni	cipal	Division	
	# Not Applicable									
I	I swear the facts stated in the above petition are true according to my best knowledge and belief.									
							Petitioner'	s Sign	nature/Address	
Subscribed and sworn to before me this day of,									-	
N	My commission expires:						Notary Pul	blic/Iı	ndge/Clerk	
							uiy i ui			

	Instructions to Clerk
1. 2. 3.	A copy of the petition shall be issued to the prosecuting attorney. A copy of the petition and the fingerprint card should be sent to the Missouri Criminal Record Repository. Give notice of the hearing to the prosecuting attorney and each official, or agency, or other entity named in the petition.

OSCA (7-03) CR145 2 of 2 Chapter 610 RSMo