

In the
CIRCUIT COURT
 Of St. Louis County, Missouri



For File Stamp Only



Plaintiff _____

vs.

Defendant(s)
 Agency(ies) to be notified: Check & Complete all that apply:

DIVISION
CASE NUMBER
COURT ORI NUMBER 095015J

CIRCUIT COURT DIVISION _____

ST. LOUIS COUNTY POLICE DEPT.

ASSOCIATE COURT DIVISION _____

_____ POLICE DEPT.

MUNICIPAL COURT DIVISION _____

MISSOURI HIGHWAY PATROL TROOP _____

CRIMINAL RECORDS REPOSITORY

PROSECUTOR'S OFFICE (INCLUDE NAME OF COUNTY OR CITY) OF:

OTHER (INCLUDE NAME AND LOCATION OF AGENCY)

ST. LOUIS COUNTY PROSECUTOR'S _____

CITY/ VILLAGE OF _____ PROSECUTOR'S _____

PETITION FOR EXPUNGEMENT OF ARREST RECORDS

Pursuant to Section 610.122, RSMo, I request that the court issue an order to expunge my record of arrest, for the criminal case described below:

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 no 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.

Pursuant to Section 610.123, RSMo, I have attached the petitioner's fingerprints on a standard fingerprint card, and I have reason to believe the agencies named above as defendants may possess records subject to expungement.

FULL NAME		SEX	M	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 CRIMINAL CHARGES WERE FILED, DATE OF DISMISSAL OR REVERSAL			
COUNTY WHERE PETITIONER WAS ARRESTED (IF ARREST OCCURRED IN A MUNICIPALITY, ALSO NAME MUNICIPALITY)		NAME OF ARRESTING AGENCY			

CASE NUMBER AND DIVISION OF COURT OF THE OFFENSE CIRCUIT ASSOCIATE MUNICIPAL DIVISION _____
 # _____ NOT APPLICABLE

I, plaintiff, swear the facts stated in the above petition are true according to my best knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, _____.

Plaintiff's Signature is required / Address _____

Notary Public/ Judge/ Clerk _____

My Commission expires: _____

Attorney for Petitioner _____ MBE# _____

Address _____;