

Rule 2.86—Form 2: Application to Expunge Misdemeanor Court Records under Iowa Code section 901C.3

Note: This form is for expunging **misdemeanor convictions**. Rule 2.86—Form 1 is to be used for expungement of criminal case records where the defendant was acquitted or the charges were dismissed. **Obtaining the advice of counsel is recommended**. Each individual is only allowed one Iowa Code section 901C.3 expungement in the individual's lifetime. If you have multiple misdemeanor convictions, choosing which to expunge may be a difficult strategic decision.

In the Iowa District Court for	County <i>y where you are filing this Application</i>		
State of Iowa or	Case no(s).		
VS.			
Defendant	Application to Expunge Misdemeanor Court Records under Iowa Code section 901C.3		
	If you need assistance to participate in court due to a disability, call the disability coordinator (information at <u>www.iowacourts.gov/for-the-public/ada</u>). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.		

Defendant respectfully applies to the court for an order expunging the misdemeanor court records in the above-captioned case (or cases) pursuant to Iowa Code section 901C.3. In support of this application, Defendant acknowledges that the following statements are true and correct to the best of Defendant's knowledge:

Read, complete, and check each item if you agree.

1. Defendant's personal information:

Current legal name:

Full first name	Full middle name	Full last name
1 444 94 84 444 446		1 111 11151 111110
	(write "N/A" if none)	
	(

All other names ever used (including any other previous legal names and nicknames):

Full first name

Full middle name (write "N/A" if none) Full last name

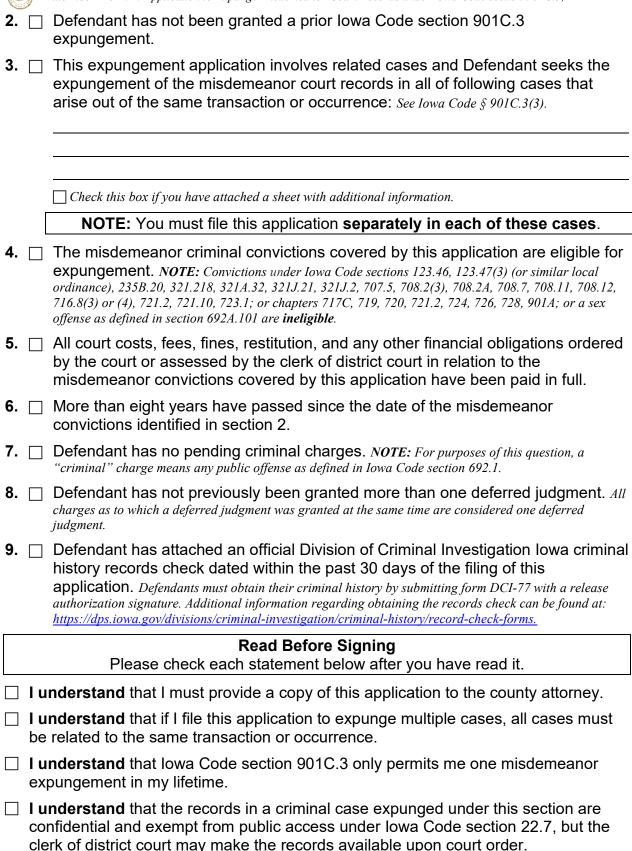
Check this box if you have attached a sheet with additional alternate names.

Personal identifying information:

Date of birth (month/day/year)

Driver's License Number

Social Security Number



Certification of Service by Mailing or Delivery

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This section to be completed only if filing in paper. This Application, if filed electronically, will automatically be served on the county attorney.

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Na	me of person to who	om I delivered	or mailed it						
Ma	uiling address			, <u>City</u>	, <u>State</u>	ZIP code			
Signa	ature								
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A. 🗆	The defendan	t files this	Applicatior	i pro se (without a	n attorney).				
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B. □	Defendant's attorney is filing this Application on behalf of Defendant after discussing the contents of this Application with Defendant.								
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	Month	\overline{Day}	Year	Attorney's signature	2				
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