

Rule 2.86—Form 5: Application to Expunge Prostitution Court Records under Iowa Code section 725.1

If you do not understand how to use this form, or if you are unsure whether you should use this form, talk to an attorney.

	In the lowa District Court for	County v where you are filing this Application
St	ate of Iowa or	Case no
VS.		Application to Expunge Prostitution Court Records under Iowa Code section 725.1
De	efendant	723.1
		If you need assistance to participate in court due to a disability, call the disability coordinator (information at www.iowacourts.gov/for-the-public/ada). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.
co su	urt records in the above-captioned case p	plies to the court for an order expunging the pursuant to lowa Code section 725.1(1)(c). In a that the following statements are true and e :
Rec	ad, complete, and check each item if you agree.	
1.	☐ I was convicted for a violation of Iowa Code section 725.1(1)(a), prostitution, or of a similar local ordinance on:	
	Month Day Year	
2.	 I was under the age of eighteen when I engaged in the illegal sex act or acts I was found guilty of committing. 	
3.	☐ I have had no criminal convictions other than local traffic violations or simple misdemeanor violations under chapter 321 during the two-year period following the conviction.	
Read Before Signing		
Please check each statement below after you have read it.		
	☐ I understand that I must provide a copy of this application to the county attorney.	
	I understand that the records in a criminal case expunged under this section are confidential and exempt from public access under lowa Code section 22.7. The record shall not be accessible except by court order.	

Continue to next page



Rule 2.86—Form 5: Application to Expunge Prostitution Court Records under Iowa Code section 725.1, continued

Certification of Service by Mailing or Delivery This section to be completed only if filing in paper. This Application, if filed electronically, will automatically be served on the county attorney. I mailed or gave a copy of this Application to the county attorney at this address: Name of person to whom I delivered or mailed it City State Mailing address ZIP code Signature Check one A. The defendant files this Application pro se (without an attorney). If you check A, you must fill in the following information: ____, have read this Application, and I certify Print your full name: first, middle, last under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Application is true and correct. __, 20____ Year Pro se defendant's signature* Month Mailing address ZIP code City State *This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing. B. Defendant's attorney is filing this Application on behalf of Defendant after discussing the contents of this Application with Defendant. If you check B, you must fill in the following information: Attorney's signature Month Name of law firm, if applicable Mailing address Citv State ZIP code Phone number Email address Additional email address, if applicable