

## **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 used to expunge 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	
County	y where you are filing this Application	
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). <b>Disability coordinators cannot provide legal advice.</b>	

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
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	(write "N/A" if none)	
	(write 1011 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

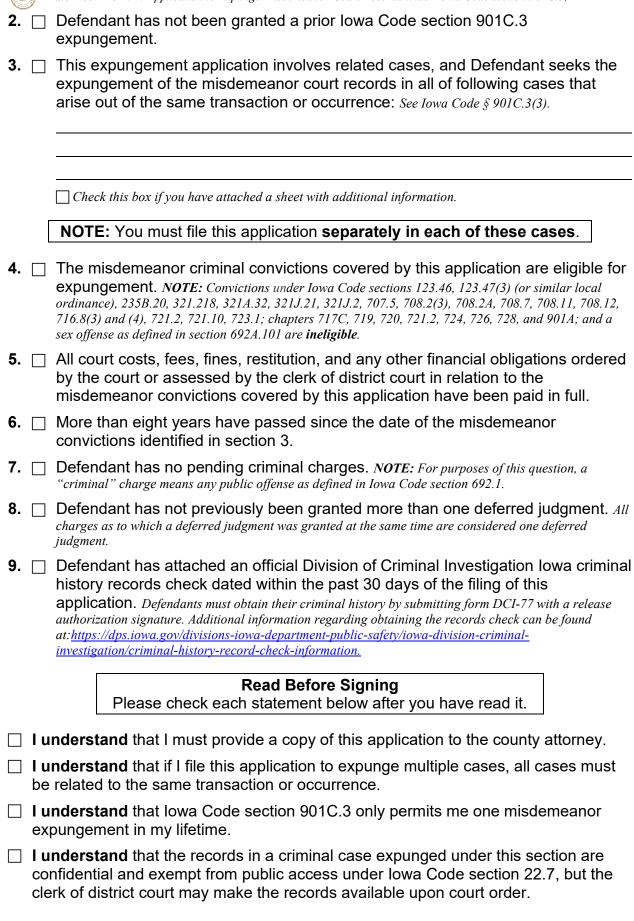
Check this box if you have attached a sheet with additional alternate names.

Personal identifying information:

Date of birth (month/day/year)

Driver's license number

Social Security number



## Signature

Check one

Спеск о	ne						
A. 🗆	Defendant is self-represented.						
	If you check A, you must fill in the following information:						
					this Application and L certify		
	Print ye	our full name: fir	st, middle, la	, nave read	this Application, and I certify		
	under penal	under penalty of perjury and pursuant to the laws of the State of lowa that the					
	information I have provided in this Application is true and correct.						
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B. 🗌					half of Defendant after		
	discussing t	he contents	of this App	olication with Def	endant.		
	If you check <b>B</b> ,	you must fill in t	the following	information:			
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I,		name: first, middle		_, certify that on	Month Day, 20, Year		
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Name o	of person to whom I	I delivered or mail	ed it				
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Mailing	g address			City	State ZIP code		