

Prose Missouri Expungement Packet

Forms to File

1. Petition for Expungement Form
2. Application for Waiver of Fees Form
3. Service Instructions Form
4. Confidential Case Information Filing Sheet Forms



Disclaimer: The Clear My Record Project and the UMKC Expungement Clinic have provided the information in this packet and the corresponding guide as a service to the general public. Use of this information does not in any manner constitute an attorney-client relationship between the Project/Clinic and the user. While the information provided is about the law, it is not intended as legal advice or as a substitute for the particularized advice of your own counsel. Anyone seeking specific legal advice or assistance should retain an attorney.



IN THE _____ JUDICIAL CIRCUIT, _____ COUNTY, MISSOURI

Judge or Division:	Case Number:
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Petitioner:	vs.	(Date File Stamp)
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Defendant(s): (select or list all of the agencies you believe may have records of each of the convictions you seek to expunge, attach additional sheets as necessary)

<input type="checkbox"/> Circuit Court Division _____	<input type="checkbox"/> _____ County Sheriff's Dept.
<input type="checkbox"/> Municipal Division, City of _____	<input type="checkbox"/> _____ Municipal Police Dept.
<input type="checkbox"/> Missouri State Highway Patrol (MSHP) Criminal Justice Information Services (CJIS) Division	<input type="checkbox"/> Other (include name and address of agency) _____
<input type="checkbox"/> Prosecuting Attorney(s) / Circuit Attorney(s) (include name of county) County _____	_____
<input type="checkbox"/> Missouri Department of Revenue	_____

Petition for Expungement – Section 610.140, RSMo.

Pursuant to section 610.140, RSMo, I request that the court issue an order to expunge my record of arrest, plea, trial, or conviction(s), for the criminal case(s) identified below.

All of the convictions listed below occurred and were prosecuted within the state of Missouri. I am filing this petition in the county where the conviction(s) was charged or I was found guilty.

I hereby swear:

1. That the appropriate amount of time has lapsed since the arrest and/or completion of the authorized disposition imposed for each offense that I am asking to have expunged; it has been at least three years for any felony offense or at least one year for any misdemeanor, infraction, or ordinance violation;
2. I have not been found guilty of any other misdemeanor or felony, not including violations of the traffic regulations provided under chapters 301, 302, 303, 304 and 307, RSMo, during the time period specified for the underlying offense, violation, or infraction in section 610.140.5.1, RSMo;
3. I have satisfied all obligations relating to any such disposition, including the payment of any fines or restitution;
4. I do not have any charges pending;
5. My habits and conduct demonstrate that I am not a threat to the public safety of the state;
6. I have not previously been granted an expungement or I have previously been granted an expungement (list court and case number: _____); and
7. The expungement is consistent with the public welfare and the interests of justice warrant the expungement.

I have reason to believe the agencies named above as defendants may possess records subject to expungement. The court's order of expungement shall not affect any person or entity not named as a defendant in the action. I understand that if I do not meet all the criteria for any of the offenses listed for expungement or knowingly provide false information, the petition will be dismissed by the court and I may not refile another petition until a year has passed since the date of filing this petition.

Full Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:	Date of Birth:
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Current Address:	Driver License No./Issuing State/Exp. Date:
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Please provide the following information for the arrest, plea, trial or conviction(s) to be expunged. Attach additional sheets as necessary.

Case Number	Court Name	Approx. Date of Charge	County/Municipality of Charge	Description of Charge

I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information, and belief.

Petitioner's Signature



IN THE _____ JUDICIAL CIRCUIT COURT, _____, MISSOURI

Judge or Division:	Case Number:
Petitioner:	Petitioner's Address/Telephone:
VS.	
Respondent:	Respondent's Address/Telephone:

(Date File Stamp)

Motion and Affidavit in Support of Request to Proceed As a Poor Person

Marital Status:	If Married, Spouse's name:	Number of dependents:
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(Include Spouse's Income and Expenses if Married)

Monthly Income

Gross salary (before deductions) \$ _____

Public assistance \$ _____

Retirement/Pension \$ _____

Social Security \$ _____

Child Support \$ _____

Maintenance \$ _____

Other income to be considered \$ _____

Monthly Expenses

Mortgage Rent Payment \$ _____

Utilities \$ _____

Food \$ _____

Payment on debts & credit cards \$ _____

Child Support \$ _____

Maintenance \$ _____

Medical expenses to be considered \$ _____

Total Monthly Income \$ _____ **Total Monthly Expenses** \$ _____

Assets

Cash on Hand \$ _____

Bank Accounts:

 Checking \$ _____

 Savings \$ _____

Approximate value of home \$ _____

 And/or other real estate \$ _____

Approximate value of automobile(s) \$ _____

 (1) yr/make _____ \$ _____

 (2) yr/make _____ \$ _____

Approximate value of personal Possessions (list)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Debts

Home loan balance \$ _____

Automobile loan(s) \$ _____

Credit card balance(s) \$ _____

Other debts to be considered

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Assets \$ _____ **Total Debts** \$ _____

I swear/affirm under penalty of perjury that these facts are true to my best knowledge and belief.

_____ Date

_____ Your Signature

Service Instructions

In re Petition to Expunge Criminal Records

Dear Clerk,

I, _____, am filing a prose petition for expungement pursuant to § 610.140 RSMo. Below I have identified the following agencies as Respondents in my case for expungement. On the second page of these instructions, I have indicated how I have elected for service to be made.

Missouri State Highway Patrol (required)
CJIS Division – Records Repository
1510 East Elm Street
Jefferson City, MO 65101

Missouri Department of Corrections
2729 Plaza Drive
Jefferson City, MO 65101

Missouri Department of Revenue
301 West High Street
Room 670
Jefferson City, MO 65101

**Arresting/Citing
Law Enforcement Agency (required)**

Agency Name

Address Line 1

Address Line 2

City MO
State *Zip Code*

Prosecuting Agency (required)

Agency Name

Address Line 1

Address Line 2

City MO
State *Zip Code*

Convicting Court (required)

Agency Name

Address Line 1

Address Line 2

City MO
State *Zip Code*

Additional Agency (optional)

Agency Name

Address Line 1

Address Line 2

City *State* *Zip Code*

Additional Agency (optional)

Agency Name

Address Line 1

Address Line 2

City *State* *Zip Code*

I elect for service to be completed on all identified Respondents in the manner indicated below:

- By Certified Mail – Sent by Court - Fee Paid**
 - I agree to pay \$10.00 for each respondent I checked off. I checked off _____ (#) Respondents and therefore I agree to pay a total of \$_____ (\$10 x #) for service of process by certified mail.
 - Please prepare copies of the petition and summons and send to each of the identified respondents by certified mail.

- By Certified Mail – Sent by Court - Fee Waived.**
 - I have requested a waiver of fees under § 514.040.1 RSMo., as I am unable to prosecute this suit and pay all or any portion of the costs and expenses thereof, including the cost of service of process.
 - Please prepare copies of the petition and summons and send to each of the identified respondents by certified mail, costs to be paid by the court.

- By First-Class Mail – Sent by Petitioner.**
 - Please prepare a copy of the petition and summons for each of the identified Respondents above and notify me when I can pick up the documents. I will then personally mail a copy of the petition and summons to each of the identified Respondents. I agree to promptly file the return receipts with the Court.

If you have any questions or need any further information, please contact me at:

Phone Number: _____ or

Email Address: _____.

Thank you very much.

Signature: _____

Print Name: _____, Pro Se Petitioner

Date: _____

CONFIDENTIAL CASE FILING INFORMATION SHEET – NON-DOMESTIC RELATIONS**INSTRUCTIONS:**

- ✓ Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)
- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

NOTE: The **full** Social Security Number (SSN) is **required** pursuant to Missouri Supreme Court Operating Rule 4.07 if the party is a person and is reasonably available. This is a confidential document. This information is needed to open a case in the court's case management system. While cases deemed public under Missouri statutes can be accessed through Case.net, the day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net.

Filing Date: _____ County/City of St. Louis: _____

Style of Case: _____
(i.e. In the Estate of; In the Matter of; Petitioner v. Respondent.)

Case Type Code: _____ Case Type Description: _____

Party Type Code: _____ Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____
Party Type Code: _____ Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____
Party Type Code: _____ Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Submitted by: _____ Bar ID (required if attorney): _____

Address (if not shown above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

***IMPORTANT:** It is the parties' responsibility to keep the court informed of any change of address or employment.*

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