FILED
JAN 29 2021
CLERK SUPREME COURT

Rule 2.86—Form 1: ***Application to Expunge Court Record under Iowa Code section 901C.2***

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 Iowa District Court for _____ County
County where you are filing this Application

State of Iowa or _____ vs. _____ **Defendant**	Case no._____ **Application to Expunge Court Record under Iowa Code section 901C.2** 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.**

The undersigned Defendant respectfully applies to the court for an order expunging the court records in this case pursuant to Iowa Code section 901C.2. In support of this application, Defendant states 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. ☐ This criminal case contains one or more criminal charges for which:

Check one

A. ☐ An acquittal was entered for all criminal charges.

B. ☐ All criminal charges have been dismissed.

2. ☐ All court costs, fees, and any other financial obligations ordered by the court or assessed by the clerk of district court in relation to the charges in this case have been satisfied in full.

3. ☐ Since entry of the judgment of acquittal or of the order dismissing the case:

Check one

A. ☐ More than 180 days have passed.

B. ☐ The court should waive the 180-day requirement because:

_____

_____

_____

☐ *Check this box if you have attached a sheet with additional information.*

4. ☐ This case was not dismissed due to Defendant being found not guilty by reason of insanity.

5. ☐ Defendant was not found incompetent to stand trial in this case.

Continue to next page

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 Iowa Code section 22.7, but the clerk of district court may make the records available upon request and without court order to Defendant or to an agency or person granted access to the deferred judgment docket under Iowa Code section 907.4(2).

☐ **I understand** that Iowa Code section 901C.2 does not apply to dismissals related to a deferred judgment under section 907.9.

☐ **I understand** that Iowa Code section 901C.2 applies only to public offenses, as defined under section 692.1.

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, _____, certify that on _____ ____, 20____
Print your full name: first, middle, last *Month* *Day* *Year*

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

_____ _____ _____ _____
Mailing address *City* *State* *ZIP code*

Oath and Signature

I, _____, have read this Application, and I certify under
Print your full name: first, middle, last

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____ _____
Month *Day* *Year* *Defendant's signature**

_____ _____ _____ _____
Mailing address *City* *State* *ZIP code*

(_____) _____ _____ _____
Phone number *Email address* *Additional email address, if applicable*

**Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*