FILED
JAN 29 2021
CLERK SUPREME COURT

Rule 2.86—Form 4: ***Application to Expunge Possession of Alcohol under the Legal Age Court Records under Iowa Code section 123.47***

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 _____	Case no. _____
vs.	**Application to Expunge Possession of Alcohol under the Legal Age Court Records under Iowa Code section 123.47**
_____ **Defendant**	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 the above-captioned case pursuant to Iowa Code section 123.47(9). 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. ☐ I was convicted for a violation of Iowa Code section 123.47, possession of alcohol under the legal age, or of a similar local ordinance on:

_____ _____, _____
Month *Day* *Year*

2. ☐ 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 Iowa Code section 22.7. The record shall not be accessible except by court order.

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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.*