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.

		lı	n the lowa District Court for _	County					
			County	where you are filing this Application					
				Case no					
St	ate	of low:	a or						
•	uto	01 1011		Application to Expunge Court Record					
vs.				under Iowa Code section 901C.2					
De	efen	ndant		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.					
thi De	s ca efen	ase pur dant ad	suant to lowa Code section 90 ⁻	or an order expunging the court records in 1C.2. In support of this application, statements are true and correct to the best					
Re	ad, co	omplete, a	and check each item if you agree.						
1.		☐ This criminal case contains one or more criminal charges for which:							
	Check one								
	ll criminal charges.								
	n dismissed.								
2.		asses	Il court costs, fees, and any other financial obligations ordered by the court or ssessed by the clerk of district court in relation to the charges in this case have een satisfied in full.						
3.		Since entry of the judgment of acquittal or of the order dismissing the case:							
		-							
		A. ☐ More than 180 days have passed.							
	0-day requirement because:								
			Check this box if you have attached a	sheet with additional information.					
4.			s case was not dismissed due to Defendant being found not guilty by reason isanity.						
5.		Defen	fendant was not found incompetent to stand trial in this case.						
			Continue t	o next page					

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	Plea	ase check e		efore Signino ent below afto		read it					
□ Iι	I understand that I must provide a copy of this application to the county attorney.										
cc cle or	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, 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 udgment docket under lowa Code section 907.4(2).										
	understand that lowa Code section 901C.2 does not apply to dismissals related to deferred judgment under section 907.9.										
	understand that lowa Code section 901C.2 applies only to public offenses, as efined under section 692.1.										
Certi	fication of So	ervice by M	ailing or D	elivery							
	This section to be completed only if filing in paper. This Application, if filed electronically, will automatically be served on the county attorney.										
Ι,				certify that o	n		, 20				
	Print your full na	me: first, middle	, last	-	Month		Day Year				
۱r	mailed or gave a copy of this Application to the county attorney at this address:										
${N_c}$	ame of person to whom I delivered or mailed it										
IVU	ime oj person io n	mom i detivered	or manea n								
Mo	ailing address			City	,	State	ZIP code				
Signa	ature										
Check	one										
A. 🗆	The defend	ant files this	Application	n pro se (with	out an attori	ney).					
	If you check A, you must fill in the following information:										
	I,	<i>J</i> - · · · · · · · · · · · · · · · · · ·	,		ead this ∆nı	olicatio	n, and I certify				
	Print y	piloatio	ii, and i ocitily								
	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 <u> </u>	Pro se defend							
	Month	Day	Year	Pro se defend	ant's signature	*					
	Mailing address	s									
	City			,		ZIP co	ode				
	()					- 30					
	Phone number			Email address							
	*This form may be signed either by using a digitized signature, see instructions at										
	https://www.iov	vacourts.gov/for	-the-public/co	urt-forms/, or by p	printing and ha	nd-signin	ıg.				

Continue to next page

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

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:

Month

Day

Tear

Attorney's signature

Name of law firm, if applicable

Mailing address

City

City

State

ZIP code

(____)

Phone number

Additional email address, if applicable

Email address