

**Rule 2.86—Form 3: Application to Expunge Public Intoxication Court Records under Iowa Code section 123.46**

*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 Public Intoxication Court Records under Iowa Code section 123.46**

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](http://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.**

Defendant respectfully applies to the court for an order expunging the court records in the above-captioned case pursuant to Iowa Code section 123.46(6). 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.*

- I was convicted for a violation of Iowa Code section 123.46, consumption or intoxication in public places, or of a similar local ordinance on:  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Month Day Year*
- 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.

*Continue to next page*

**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

**Signature**

Check one

A.  The defendant files this Application pro se (without an attorney).

If you check A, you must fill in the following information:

I, \_\_\_\_\_, have read this Application, and I certify  
 Print your full name: first, middle, last  
 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\_\_\_\_  
 Month Day Year Pro se defendant's signature\*

\_\_\_\_\_  
 Mailing address

\_\_\_\_\_, \_\_\_\_\_  
 City State ZIP code

(\_\_\_\_\_) \_\_\_\_\_  
 Phone number Email address

\*This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.

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:

\_\_\_\_\_, 20\_\_\_\_  
 Month Day Year Attorney's signature

\_\_\_\_\_  
 Name of law firm, if applicable

\_\_\_\_\_  
 Mailing address

\_\_\_\_\_, \_\_\_\_\_  
 City State ZIP code

(\_\_\_\_\_) \_\_\_\_\_  
 Phone number

\_\_\_\_\_  
 Email address Additional email address, if applicable