Rule 2.86—Form 5: Application to Expunge Prostitution Court Records under Iowa Code section 725.1

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 y where you are filing this Application
State of Iowa or	Case no
VS.	Application to Expunge Prostitution Court Records under Iowa Code section 725.1
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.
Read, complete, and check each item if you agree.	
 I was convicted for a violation of loward a similar local ordinance on: 	a Code section 725.1(1)(a), prostitution, or of
Month Day Year	
2. I was under the age of eighteen when was found guilty of committing.	n I engaged in the illegal sex act or acts I
	her than local traffic violations or simple er 321 during the two-year period following
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 lowa 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 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 City State Mailing address ZIP code Signature Check one A. \(\tau \) The defendant files this Application pro se (without an attorney). If you check A, you must fill in the following information: , have read this Application, and I certify 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. Day Year Pro se defendant's signature* Month Mailing address State ZIP code City *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: Attorney's signature Month Name of law firm, if applicable Mailing address City State ZIP code Phone number Email address Additional email address, if applicable