

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 lowa District Court for	County where you are filing this Application
State of Iowa or	Case no.
VS.	Application to Expunge Public Intoxication Court Records under Iowa
Defendant	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). 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 the above-captioned case pursuant to lowa application, Defendant acknowledges that the to the best of Defendant's knowledge:	Code section 123.46(6). In support of this
Read, complete, and check each item if you agree.	
1. I was convicted for a violation of lowarintoxication in public places, or of a s	a Code section 123.46, consumption or imilar local ordinance on:
Month Day Year	
—	ner than local traffic violations or simple er 321 during the two-year period following
	ore Signing t 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 crimin confidential and exempt from public acceracy record shall not be accessible except by	ess under lowa Code section 22.7. The

Continue to next page



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

Certification of Service by Mailing or Delivery

l,		, certify that on		, 20	
Print your full n	ame: first, middle, last	Mo	certify that on		
I mailed or ga	ve a copy of this App	olication to the county	y attorney at th	is address:	
Name of person to	whom I delivered or mailed	d it			
Mailing address		City	City , State		
ınature					
ck one					
☐ The defend	dant files this Applica	ation pro se (without	an attorney).		
 If you check F	λ , you must fill in the follov	ving information:	- ,		
			this Application	n and I certi	
Prini	t vour full name: first_midd	, have read	The Application	ii, and i ooit	
under nen	alty of periury and n	irsuant to the laws of	f the State of Id	owa that the	
•		his Application is true			
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*This form ma		g a digitized signature, see i			
v	, , ,	<u>ic/court-forms/</u> , or by print		ng.	
□ Defendant	's attorney is filing th	is Application on beh	alf of Defenda	nt after	
	, ,	Application with Defe		int artor	
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