



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.**

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 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.

- 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*

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*