

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

*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 Court Record  
under Iowa Code section 901C.2**

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 this case pursuant to Iowa Code section 901C.2. 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.  This criminal case contains one or more criminal charges for which:

*Check one*

A.  An acquittal was entered for all criminal charges.

B.  All criminal charges have been dismissed.

2.  All court costs, fees, and any other financial obligations ordered by the court or assessed by the clerk of district court in relation to the charges in this case have been satisfied in full.

3.  Since entry of the judgment of acquittal or of the order dismissing the case:

*Check one*

A.  More than 180 days have passed.

B.  The court should waive the 180-day requirement because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

4.  This case was not dismissed due to Defendant being found not guilty by reason of insanity.
5.  Defendant was not found incompetent to stand trial in this case.

*Continue to next page*



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