IN THE 17TH JUDICIAL CIRCUIT COURT, CASS COUNTY, MISSOURI

Judge or Division: HARRISONVILLE MUNICIPAL	**Case Number:**
Defendant's Name/Address:	Applicant's Name (Please Print):
	Agency Applicant Represents:
	Agency Address:
	Agency's Telephone Number:

(Date File Stamp)

Application to Inspect Closed Criminal Records

I request the Court to authorize access to closed criminal records in which _____ is named a defendant.

☐ I am the defendant or the defendant's authorized representative (unless representative is the attorney of record, attach a copy of the authorization.)

☐ I am the victim of an offense, as defined and for the purposes identified in Section 610.105 RSMo.

☐ Access is desired for purposes of:

- ☐ prosecution
- ☐ sentencing
- ☐ parole consideration
- ☐ investigation by a federal agency as authorized by law or Presidential Order
- ☐ criminal justice employment
- ☐ child care employment
- ☐ elder care employment
- ☐ disabled care employment
- ☐ administration of criminal justice, as defined and for the purposes identified in Section 43.500 RSMo
- ☐ law enforcement agency for issuance/renewal of license, permit, certificate and registration
- ☐ state agency, as defined and for the purposes identified in Section 43.543 RSMo
- ☐ other, as defined by Section 610.120 RSMo, (please explain): _____.

_____ Date

_____ Applicant's Signature

_____ Bar Number (If an Attorney)

Order

Pursuant to Section 610.120 RSMo, the above Application to Inspect Closed Criminal Records is ☐ granted ☐ denied.

_____ Date

_____ Judge