

Jackson County Prosecuting Attorney JEAN PETERS BAKER

AUTHORIZATION TO REQUEST, RELEASE AND PROVIDE CRIMINAL HISTORY INFORMATION SUMMARY

I	(print name), voluntarily	consent to and authorize the Jackson County,
Missouri Prosecutor's Office	e to request and receive any a	nd all records (including closed/confidential
records) relating to my crimir	nal history information, specifically	, municipal court dispositions and circuit court
dispositions in the state of M	lissouri. I authorize any Missouri o	criminal justice agency to release my criminal
history information to the Jac	kson County Prosecutor's Office u	pon request to produce records for the limited
purpose of identifying convic	tions which are eligible for expung-	ement. The term "any Missouri criminal justice
agency" shall include but is n	ot limited to municipal courts, circu	uit courts, police departments, sheriff's offices,
prosecutor's offices, the Mis	ssouri Department of Revenue, t	the Missouri Department of Corrections, the
Missouri State Highway Pati	ol, and the Office of State Courts	s Administrator. I authorize the release of my
criminal history information i	n anticipation of litigation for exp	ungement of criminal records. I acknowledge
and agree that retained coun	sel, not the Jackson County Prose	cutor's Office, will be responsible for filing and
litigating my petition for exp	ungement, if eligible, and that the	a Jackson County Prosecutor's Office will not
provide legal advice of any k	ind regarding this request.	
It is expressly agreed that a	photocopy of this authorization sha	all be valid as an original.
Print Name	DOB	SSN
Signature	 	Phone Number and/or Email
To be	completed by representative from	JACO Prosecutor's Office:
Valid Government ID Descrip	otion and Number APA	A signature and date
	Emailed Background Reques	st to Investigator

Check box to confirm