

## MISSOURI STATE HIGHWAY PATROL DNA EXPUNGEMENT NOTIFICATION

<p>Use this form to notify the Missouri State Highway Patrol Crime Laboratory to expunge all DNA records submitted in accordance with Sections 650.050 to 650.100, RSMo, when the arrest warrant for all charges within the offense cycle were refused. This notification must take place within ninety days of the warrant refusal.</p>		
AGENCY ORI NUMBER		
AGENCY NAME		CONTACT TELEPHONE NUMBER
NAME OF INDIVIDUAL SUBMITTING NOTIFICATION		
E-MAIL ADDRESS OF SUBMITTING PERSON		TELEPHONE NUMBER OF SUBMITTING PERSON
OCN NUMBER		REPORT / CASE / INCIDENT NUMBER
DATE OF ARREST		DATE AGENCY NOTIFIED TO EXPUNGE
QUALIFYING OFFENSE		
<b>OFFENDER INFORMATION</b>		
NAME		SID NUMBER
DATE OF BIRTH		SOCIAL SECURITY NUMBER
COMMENTS		
<b>SUBMIT THIS DOCUMENT TO ONE OF THE FOLLOWING:</b>		
E-MAIL TO: DNAExpungement@mshp.dps.mo.gov	MAIL TO: Missouri State Highway Patrol Crime Laboratory Division CODIS 1510 E. Elm St. P.O. Box 568 Jefferson City, MO 65102-9751	FAX TO: 573-751-6507
<b>FOR LAB USE ONLY</b>		
DATE RECEIVED		RECEIVER'S NAME