

**MONTGOMERY COUNTY MUNICIPAL COURT
EASTERN DIVISION
6111 Taylorsville Rd. Huber Heights, OH 45424
(937)496-7231**

State of Ohio
Plaintiff

Case No:

vs.

Offense(s):

Defendant

**APPLICATION FOR SEALING OF
RECORD OF CONVICTION**

The defendant in the above captioned action moves the Court for an order sealing the record of conviction under the terms of Sections 2953.31 through 2953.36 of the Ohio Revised Code for the reason that more than one (1) year has passed since the final disposition of the defendant from sentence; that there are no criminal proceedings against the defendant; and that the sealing of record is consistent with the public interest. The defendant has no other criminal conviction. This offense is not an offense of violence.

XXX-XX-_____
Last 4 of SSN

Defendant Signature

DOB

Address

City/ State/ Zip

Phone No.

**MONTGOMERY COUNTY MUNICIPAL COURT, EASTERN DIVISION
6111 TAYLORSVILLE ROAD
HUBER HEIGHTS, OHIO 45424**

SEALING OF RECORD QUESTIONNAIRE

You are to be truthful in completing the questionnaire, as this information will be verified. Do not leave any questions unanswered. This questionnaire must be completed prior to your interview. The information in this questionnaire will be confidential and used only for Court purposes.

Case No: _____ Section: _____ Judge: _____
Offense: _____ Date: _____ Attorney: _____

PERSONAL IDENTIFICATION

Name: _____ DOB: _____ SSN: _____ Sex: _____
Race: _____ Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____
Place of Birth: _____ Length of Ohio Residency: _____ Montgomery Co: _____
Marital Status: S M D Maiden Name: _____ Year Married: _____ Divorced: _____
Spouse Name: _____ Number of Dependents: _____ Ages: _____

RESIDENCY INFORMATION

Present Address: _____
Length of Time at Residence: _____ Phone No: _____
Prior Address: _____
Length of Time at Prior Address: _____

PARENT INFORMATION

Mother's Name: _____ Father's Name: _____
Street Address: _____ Street Address: _____
CI/ ST/ Zip: _____ CI/ ST/ Zip: _____
Phone No: _____ Phone No: _____

VERIFICATION REFERENCES

Name: _____ Street Address: _____
Phone No: _____ CI/ ST/ Zip: _____

REASON FOR REQUESTING SEALING OF RECORD

EDUCATION AND MILITARY INFORMATION

Highest Grade Completed: _____ School: _____ Year Graduated: _____
College: _____ Location: _____ Status: _____
Major: _____ Presently Enrolled? _____
Military: _____ Type of Discharge: _____
Year of Discharge: _____

EMPLOYMENT

Present Employment: _____ Street Address: _____
Supervisor: _____ CI/ ST/ Zip: _____
Phone No: _____ Position: _____
Date Started: _____ Salary: _____
Prior Employment: _____ Street Address: _____
Supervisor: _____ CI/ ST/ Zip: _____
Phone No: _____ Position: _____
Length of Employment: _____ Reason for Leaving: _____

PRIOR RECORD

DPD #: _____ BCI #: _____ FBI #: _____

1. Have you ever been convicted for any offense other than minor traffic violations? Yes No
If yes, list date(s), offense(s), and disposition(s): _____

2. Are you on probation or parole for any other offense? Yes No
If yes, where and for what offense(s): _____
3. Have you ever been on probation or parole? Yes No
If yes, where and for what offense(s): _____
4. Have you ever been in prison? Yes No
If yes, where and when: _____
5. Do you have any charges pending against you at this time? Yes No
If yes, please specify where you were charged and for what offense: _____

Date

Signature