MONTGOMERY COUNTY MUNICIPAL COURT

WESTERN DIVISION 875 E. MAIN ST. TROTWOOD, OH 45426 (937) 687-9099

Offense(s): NS. APPLICATION FOR EXPUNGEMENT OF RECORD OF DISMISSED OR NOT GUILTY FINDING The defendant in the above captioned action moves the Court for an order expunging the record of conviction under the terms of Sections 2953.52 (A)(1) of the Ohio Revised Code for the reason that the defendant in this case was found NOT GUILTY or the charges were DISMISSED and that the expungment of record is consistent with the public interest. XXX-XX Last 4 of SSN Defendant Signature Address City/ State/ Zip	State of Ohio Plaintiff	Case No:		
Defendant APPLICATION FOR EXPUNGEMENT OF RECORD OF DISMISSED OR NOT GUILTY FINDING The defendant in the above captioned action moves the Court for an order expunging the record of conviction under the terms of Sections 2953.52 (A)(1) of the Ohio Revised Code for the reason that the defendant in this case was found NOT GUILTY or the charges were DISMISSED and that the expungment of record is consistent with the public interest. XXX-XX Last 4 of SSN Defendant Signature Address City/ State/ Zip		Offense(s):		
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DOB Address City/ State/ Zip	record of conviction under the the reason that the defendant	terms of Sections 2953.52 (A)(1) of the Ohio Revised Code for in this case was found NOT GUILTY or the charges were		
City/ State/ Zip	•	Defendant Signature		
· · · · · · · · · · · · · · · · · · ·	DOB	Address		
· · · · · · · · · · · · · · · · · · ·		 City/ State/ 7in		
		Phone No.		

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EXPUNGEMENT 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.

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Case No:	Section:	Judge:	
Offense:	Date:	Attorney:	
	PERSONAL IDENTIF	<u>ICATION</u>	
Name:	DOB:	SSN:	Sex:
Race: Eye Color:	Hair Color:	Height:	Weight: _
Place of Birth:	Length of Ohio Residency:	Mont	gomery Co:
Place of Birth: Marital Status:S M D 1	Maiden Name:	Year Married:	Divorced:
Spouse Name:	Number of Deper	ndents: Age	es:
	RESIDENCY INFORM	MATION	
Present Address:			
Length of Time at Residence:	Phone No:		
Prior Address:			
Length of Time at Prior Address:			
	PARENT INFORMA	<u>ATION</u>	
Mother's Name:	Father's Name:		
Street Address:	Street Address:		
CI/ ST/ Zip:	CI/ ST/ Zip:		
Phone No:	Phone N	0:	
	VERIFICATION REFE	ERENCES	
Name:	Street Address:		
Phone No:			
DEACON	JEOD DEOLIECTING EVDI	NICMENIT OF DECODI	2
REASOR	N FOR REQUESTING EXPU	INGMENT OF RECORT	<u>)</u>

EDUCATION AND MILITARY INFORMATION

Highest Grade Completed: _	School:	Year Graduated:
		Status:
Year of Discharge:		
	<u>EMPLOYMI</u>	<u>ENT</u>
Present Employment:		Street Address:
Supervisor:		CI/ ST/ Zip:
Phone No:		Position:
Date Started:		Salary:
Prior Employment:		Street Address:
=		CI/ ST/ Zip:
		Position:
Length of Employment:		Reason for Leaving:
	PRIOR RECO	<u>ORD</u>
DPD #:	BCI #:	FBI #:
· · · · · · · · · · · · · · · · · · ·	n or parole for any other offense's what offense(s):	i les lino
3. Have you ever been	on probation or parole? Yes [
•	` `	
	in prison? Yes No nen:	
	arges pending against you at this	
If yes, please specify	where you were charged and fo	r what offense:
		
Date		Signature
Date		Signature