

**MONTGOMERY COUNTY MUNICIPAL COURT  
WESTERN DIVISION  
195 SOUTH CLAYTON RD, NEW LEBANON, OH 45345  
(937)687-9099**

State of Ohio  
Plaintiff

Case No:

Offense(s):

vs.

\_\_\_\_\_  
Defendant

**APPLICATION FOR SEALING OF  
RECORD OF CONVICTION**

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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, WESTERN DIVISION  
195 S. CLAYTON RD.  
NEW LEBANON, OH. 45345**

**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**

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**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