OAKWOOD MUNICIPAL COURT, MONTGOMERY COUNTY 30 PARK AVENUE OAKWOOD, OH 45419 (937) 293-3058

State of Ohio
Plaintiff

Offense(s):

Defendant

APPLICATION FOR SEAL OF
RECORD OF CONVICTION

The defendant in the above captioned action moves the Court for an order expunging 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 expungement 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.

OAKWOOD MUNICIPAL COURT, MONTGOMERY COUNTY 30 PARK AVENUE OAKWOOD, OH 45419

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.

Case No:	Section:			Judge:					
				Attorney:					
PERSONAL IDENTIFICATION									
Name:		DOB:		SSN: _		Sex:			
Race:	Eye Col	or:	Hair Color:		_ Height:	Weight:			
Place of Birth:		Length of Ohio	Residency: _		Montgomery Co:				
Marital Status: S	M D	Maiden Name:	Maiden Name: Year Married:						
		Number of Dependents: Ages:							
		RE	SIDENCY INI	FORMATI	ON				
		KE	SIDENCI INI	I OKWATI	<u>ON</u>				
Present Address: _									
Length of Time at	Prior Addre	ss:							
		PARE	ENT INFORM.	<u>ATION</u>					
Mother's Name:		Father's Name:							
		CI/ ST/ Zip:							
		<u>VERIFI</u>	CATION REFI	<u>ERENCES</u>					
Name: _		Street Address:							
		CI/ ST/ Zip:							
		ON FOR REQUE							

EDUCATION AND MILITARY INFORMATION

Highest Grade	Completed:	School:	Year Graduated:		
College:			Status:		
Military:		Type of Discharge:			
	arge:				
			IT		
		<u>EMPLOYMEN</u>	<u>N I</u>		
Supervisor:			CI/ ST/ Zip:		
Phone No:			Position:		
Date Started: _			Salary:		
Prior Employr	ment:		Street Address:		
			CI/ ST/ Zip:		
			Position:		
Length of Emp	ployment:		Reason for Leaving:		
		PRIOR REC	<u>ORD</u>		
DPD #·		BCI #·	FBI #:		
			2 2 2		
list dat	e(s), offense(s), and	disposition(s):			
-		arole for any other offense offense(s):	? Yes No		
3. Have y	ou ever been on pro	bation or parole?			
4. Have y	ou ever been in pris	offense(s): on?			
If yes,	where and when:				
		ending against you at this			
If yes,	please specify wher	e you were charged and for	or what offense:		
D (Signatura		
Date			Signature		