

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

State of Ohio  
Plaintiff

Case No: \_\_\_\_\_

vs.

Offense(s): \_\_\_\_\_

\_\_\_\_\_  
Defendant

**APPLICATION FOR SEALING OF  
RECORD OF DISMISSED OR NOT  
GUILTY FINDING**

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The defendant in the above captioned action moves the Court for an order expunging the record of the charge(s) under the terms of Section 2953.33 (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 expungement of record is consistent with the public interest

XXX-XX-\_\_\_\_\_

Last 4 of SSN

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/ State/ Zip

\_\_\_\_\_  
Phone No.

**OAKWOOD MUNICIPAL COURT, MONTGOMERY COUNTY**  
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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.

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 EXPUNGEMENT 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