

HAMILTON COUNTY MUNICIPAL COURT
CRIMINAL DIVISION
HAMILTON COUNTY, OHIO

STATE OF OHIO

CASE NO. _____

Plaintiff,

JUDGE _____

- Vs. -

APPLICATION FOR EXPUNGEMENT OF
RECORD INVOLVING CONVICTION

D.O.B.

Defendant, _____, respectfully
makes application to the Court for expungement of his/her criminal record, pursuant to Ohio Revised Code
2953.32. The applicant states the following: that he/she is an eligible offender, that one year has passed since
the final discharge of misdemeanor conviction, and that no criminal proceedings are pending.

Current Address of Applicant: _____

Phone: _____

Defendant / Applicant

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the above Application was delivered hand or mail (circle which) to the Office of the
Prosecutor on the _____ day of _____, 20____.

Defendant / Applicant

FOR OFFICE USE ONLY

The Applicant's Date of Birth and Social Security Number reported on this page are for office use only. They will not become part of the Public Record.

Applicant's Name _____

Date of Birth _____ Social Security Number _____

Date of Arrest _____ Arresting Agency _____

Charge _____ Section Code _____

Date of Sentence _____ B.C.I. No. _____

F.B.I. No. _____

Control No. _____

I give my word that the Date of Birth and Social Security Number were given to the Clerk of Courts by the Applicant or Attorney.

Signature of Applicant/Attorney _____



County of Hamilton

PATRICK X. DRESSING, ESQ.
COURT ADMINISTRATOR
(513) 946-5900

**COURT OF COMMON PLEAS
MUNICIPAL COURT
1000 MAIN STREET ROOM 410
CINCINNATI, OHIO 45202**

ASSISTANT COURT ADMINISTRATORS
SUSAN M. LUKEN, ESQ.
COMMON PLEAS COURT
(513) 946-5901
ANDREW J. GILLEN
MUNICIPAL COURT (RM. 205)
(513) 946-5201
FAX (513) 946-5808

Chief Probation Officer
Municipal Court Operation

RE: State of Ohio
City of Cincinnati

-vs-

City Prosecutor
Municipal Court Operation

NAME: _____

ADDRESS: _____

or

PHONE NO. _____

DATE OF BIRTH: _____

County Prosecutor
Municipal Court Operation

DATE OF CONVICTION: _____

or

NON-CONVICTION: _____

Gentlemen:

The above named defendant has applied for the expungement of the record of his/her conviction/non-conviction in the above captioned matter. The Court has set this application for hearing on _____ at _____ in Room _____. The Probation Department is hereby directed to conduct an investigation of the desirability of granting such application for expungement.

Sincerely,

Kristie Cornelius
Assignment Commissioner
Municipal Court

HAMILTON COUNTY ADULT PROBATION DEPARTMENT

As required by Ohio State Law, an expungement investigation will be conducted by the Probation Department and presented to the Court. Please provide the information listed below completely and accurately in order to avoid a delay in the investigation.

- 1). Current home address (if moving before your expungement hearing date, please note the new address).

- 2). Date of Birth: _____ Social Security Number: _____

- 3.) List any aliases, maiden name, and/or legal name changes since the age of 18.

- 4). List all cities/states that you have lived since the age of 18. Include locations of colleges and/or other schools attended, military assignments, employment locations, etc.

- 5). Current place of employment: _____

If not employed, current source of income: _____

- 6). List any pending charge(s) in this or any other Court.

- 7). Reason for requesting expungement: _____ Employment Purposes

_____ Housing Purposes

_____ Educational Purposes

_____ Other _____

I, the undersigned, acknowledge that the above information is true and correct to the best of my ability.

SIGNATURE OF APPLICANT

DATE