



COURT OF COMMON PLEAS
HAMILTON COUNTY, OHIO
CRIMINAL DIVISION

APPLICATION FOR EXPUNGEMENT
PURSUANT TO 2953.32 R.C.

STATE OF OHIO
Plaintiff

COMMON PLEAS CASE No. _____

-vs-

MUNICIPAL COURT CASE No. _____

JUDGE _____

Defendant

Current Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Signature of Applicant _____

Rule 40. No expungement or sealing the record during appeal.

Any person filing to have his/her criminal case expunged or sealed must first pay to the Clerk of Courts all outstanding court costs that have been incurred by the person for whom the case is to be expunged or sealed. Further, a person on probation may not be discharged from probation until costs have been settled to the satisfaction of the Clerk of Courts, or waived by the Court.

A request to have a case record or any part of a case record expunged or sealed. {sic} May not be expunged or sealed while the case is on an appeal or when there is an outstanding motion to appeal or set aside the expungement order.

Where an expungement or sealing of the record has been requested by a person and an appeal is filed after the request. The Clerk of Courts is authorized not to proceed with the expungement or sealing of the record until the appeal has been completed.

This rule shall become effective December 21, 1999, and until further order of the Court.

THIS SECTION FOR USE IN INSTANCES WHEN APPLICANT IS REPRESENTED BY COUNSEL

Attorney Name _____

Attorney Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Attorney Supreme Court No. _____

Signature of Attorney _____

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 _____

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: _____

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